Exhibit 11.4

Attachment D

Mountain States Covenant Compliance Certificates

Johnston Memorial Hospital Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between Bank of America and Johnston Memorial Hospital dated September 18, 2012, we hereby represent and warrant as follows:

Status as of:	3/31/2014							
Debt Service Coverage								
	Trailing 12-Month							
Excess Revenue Over Expenses	\$1,521							
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items	\$ 15,089 \$ 42 \$ 601 \$ - \$ -							
EBITDA	\$ 17,253							
Total Debt Service (MADS)	\$ 4,323							
Debt Service Coverage Ratio	3.99x							
Covenant Requirement	1.30x							
Debt to Capital								
LT Debt	\$ 39,318							
Minority Interest Unrestricted Net Assets Total	\$ 272,927 \$ 312,245							
Debt to Capitalization Ratio	13%							
Covenant Requirement	< 85%							
Days Cash on Hand (Required with June and December Reporting Ferrods)								
Cash	<u>\$.</u>							
Unrestricted investments Total Cash	\$							
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ \$ \$							
Daily Cash Expenses	\$							
Days Cash on Hand Ratio	N/A Days							
Covenant Requirement	100 Days							
conditions of the Letter of Credit and	lief of the signer hereo), the undersigned does certify that the foregoing is date, and that the Borrower is in compliance with all terms and Security Agreement darked effective September 18, 2012.							
ದಿನ್ನು ಉ	By: John Jaler /							
Print Na	aric.							

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between Bank of America and Johnston Memorial Hospital dated September 18, 2012, we hereby represent and warrant as follows:

Status as of:	3/31/2015
Deht Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 18,472
 Depreciation Amortization Interest Expense Taxes Non-Cash Impairment Losses Extraordinary Items 	\$ 11,003 \$ 49 \$ 348 \$ - \$ -
EBITDA	\$ 29,872
Total Debt Service (MADS)	\$ 4,492
Debt Service Coverage Ratio	6.65x
Covenant Requirement	1.30x
Debt to Capital	
LT Debt	\$ 36,269
Minority Interest Unrestricted Net Assets Total	\$ 298,268 \$ 334,537
Debt to Capitalization Ratio	11%
Covenant Requirement	< 65%
Days Cash on Hand (Required with June and December F Cash Unrestricted Investments Total Cash	Reporting Periods) 3
Total Operating Expenses	*
(Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ - \$ -
Daily Cash Expenses	<u> </u>
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100 Days
	ief of the signer hereof, the undersigne

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 18, 2012.

By: Lynn-Krutak

Title: Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between Bank of America and Johnston Memorial Hospital dated September 18, 2012, we hereby represent and warrant as follows:

Status as of:	6/30/2013	
Debt Service Coverage	T /// 40 Ma	
	Trailing 12-Month	
Excess Revenue Over Ex	penses \$ 11,448	
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairmen + Extraordinary items	\$ 14,633 \$ 34 \$ 755 \$ - \$ -	
EBITDA	\$ 24,188	•
Total Debt Service (M	ADS) \$ 5,013	
Debt Service Coverage Ra	atio <u>4.83x</u>	
Covenant Requirement	1.30x	
Debt to Capital		÷
LT Debt	\$ 39,027	
Minority Interest Unrestricted Net Asse Total	\$ 271,795 \$ 310,822	
Debt to Capitalization Ratio	13%	
Covenant Requirement	< 65%	
Days Cash on Hand (Required with June and De Cash Unrestricted Investme Total Cash	secember Reporting Periods) 12,063 105,056 117,119	
Total Operating Exper (Including Int less: Non Cash Exper Total Cash Expenses (TTM)	erest) \$ 134,160_	
Daily Cash Expenses	\$ 327	
Days Cash on Hand Ratio	358 Days	
Covenant Requirement	100 Days	
To the best of the knowledge	e and belief of the signer hereof, the unders	igned does certi

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 18, 2012.

Mountain States Health Alliance

By: Lynn Krutak

Print Name: Lynn Krutak

Title: Vice President/Corporate CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between Bank of America and Johnston Memorial Hospital dated September 18, 2012, we hereby represent and warrant as follows:

Status as of:	6/30/2014
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 8,606
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items	\$ 12,798 \$ 41 \$ 678 \$ - \$ - \$ -
Total Debt Service (MADS)	\$. 4,321
Debt Service Coverage Ratio	5.10x
Covenant Requirement	1.30x
Debt to Capital	
LT Debi	\$ 39,024
Minority Interest Unrestricted Net Assets Total	\$ 286,344 \$ 325,368
Debt to Capitalization Ratio	12%
Covenant Requirement	<u> </u>
Days Cash on Hand (Required with June and December R Cash Unrestricted Investments Total Cash	* 11,654 \$ 130,128 \$ 141,782
	ψ 141,102
Total Operating Expenses (Including Interest) less; Non Cash Expenses Total Cash Expenses (TTM)	\$ 129,469 \$ 12,839 \$ 116,630
Daily Cash Expenses	\$ 320
Days Cash on Hand Ratio	444 Days
Covenant Requirement	100 Days

To the hest of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 18, 2012.

Mountain States Health Alliance

By: Lynn Krulak

Title: Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between Bank of America and Johnston Memorial Hospital dated September 18, 2012, we hereby represent and warrant as follows:

Status as of:	6/30/2015
Debt Service Coverage	Toolige at 40 March
	Trailing 12-Month
Excess Revenue Over Expenses	\$ 26,171
+ Depreciation	\$ 12,051
+ Amortization	\$ 41
+ Interest Expense	\$ 446
+ Taxes	\$ -
+ Non-Cash Impairment Losses	
+ Extraordinary items	\$ -
EBITDA	\$ 38,708
Total Debt Service (MADS)	\$ 4,494
Debt Service Coverage Ratio	8.61x
Covenant Requirement	1.30x
Debt to Capital	
I T Dalai	r 20.00E
LT Debt	\$ 36,035
Minority Interest	\$ -
Unrestricted Net Assets	\$ 308,230
Total	\$ 344,265
Debt to Capitalization Ratio	10%_
Covenant Requirement	< 65%
Days Cash on Hand (Required with June and December	Reporting Periods) \$ 10,296
Unrestricted investments	\$ 164,508
Total Cash	\$ 174,804
Total Operating Expenses	
(Including Interest)	\$ 130,429
less: Non Cash Expenses	\$ 12,092
Total Cash Expenses (TTM)	\$ 118,337
Daily Cash Expenses	\$ 324
Days Cash on Hand Ratio	539_Days
Covenant Requirement	100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 18, 2012.

By: Lynn Krutak

Title: Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between Bank of America and Johnston Memorial Hospital dated September 18, 2012, we hereby represent and warrant as follows:

Status as of:	6/30)/2015	~~~~~ ~
Debt Service Coverage		T !!!	40 Manth
		Hanng	12-Month
Excess Revenue Over Ex	cpenses	_\$	26,360
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairmer + Extraordinary items 	nt Losses	\$ \$ \$ \$ \$	12,051 41 446 - -
EBITDA		_\$	38,897
Total Debt Service (N	MADS)	\$	3,061
Debt Service Coverage R	atio		12.71x
Covenant Requirement			1.30x
Debt to Capital			
LT Debt		\$	36,035
Minority Interest Unrestricted Net Ass Total	ets		308,419 344,454
Debt to Capitalization Ratio			10%
Covenant Requirement	< 65%		
Days Cash on Hand (Required with June and D		\$	10,296
Unrestricted Investm Total Cash	ents		164,508 174,804
Total Operating Expe (Including In less: Non Cash Expe Total Cash Expenses (TTM)	iterest)	\$	123,998 12,092 111,906
Daily Cash Expenses		\$	307
Days Cash on Hand Ratio			570 Days
Covenant Requirement			100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 18, 2012.

Mountain States Health Alliance

By:

Print Name:

Title:

Senior Vice President & CFO

Johnston Memorial Consolidated Key Operating Indicators For the Period Ended June 30, 2015

	TWIELVE MONTHS YEAR TO DATE Actual Budget Bud Var Prior Yr PY Var	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	69 17.5% 59.6% 17.5%	23,524	3,717 2.7% 4,130	2,625 7.3% 2,993	6.5% 6.1%	14.2% 70,039 14.5% 21.166	221,374 3.5% 249,494	36,29 9 13.8%	1,243 1,7% 1,296	5,265 5,655 -6,9% 5,560 - 5,3%	70	13.3% -1.45° 55.0% 13.3%	13.9% -1.7% 13.6%	0.3% 0.1% 0.3%	1.7% 0.0%	5.4% 0.3%	7.8% -0.3% 8.0% 17% 0.3% 1.7%	100.0%	•	\$1,939 -3.3% \$1,639 1 \$2,035 -0.1% \$1,874	\$1,724 \$1,883 8.4% \$1,838 6.2%	\$6,715 -0.4% \$6,201 \$6,212 8.6% \$6,083	19.1% 11.2%	profes	824 805 -2.3% 791 -4.2%	810 -8.0% 796	4.47 9.8% 4.15	\$21.56 -2.1% \$21.52	\$44,851 -2.1% \$44,762	39,7% 42.7% 7.2% 47.1% 15.9%	2,000 c	3.31	3.62 1.1% 3.63 2.83 9.0% 2.81	3.30 0.2% 3.31	2.77 10.3% 2.76 1.04 1.1% 1.48	1.28 8.6% 1.29	1.11 15.7% 1.12	1.19 11.2%	\$1,031 5.8% \$924
For the Period Ended June 30, 2015		Operating Statistics (excl. Long-Term Care)	Average Daily Census Occupanty Percent	Patient Days	Adultasions Observation Visits	Non OB Observation Visits Non OB Observation Visits & of Non OB Observation Visits & Angle Admissions	Non OB Observation % of Occupancy	Adjusted Patient Days Adjusted Admissions	Outpatient Visits	ED Visits	notife nead i phisodes IP Surgery Cases	OP Surgery Cases	Revenue By Source	iviegicare Managed Medicare	Medicaid	TennCare Disconnection	United - River Valley	Managed Care / Commercial	Chanty / Self Pay	Outer Faterit Nevertier Total Gross Patient Revenue	IP Revenue per Patient Day	OP Revenue per Outpatient Visit Operating Revenue per Adiusted Patient Dav	Operating Expense per Adjusted Patient Day	Operating Kevenue per Adjusted Admission Operating Expense per Adjusted Admission	Net Revenue % of Gross Revenue	ivet nevertue per najusted natitisalari <u>Labor Management (excl. Long-Term Care)</u>	Employed Full Time Equivalents	Command the Equivalents Total Full Time Equivalents	FTEs per Adjusted Occupied Bed (Inc) Cont Lbr)	Man nous pel Adjusted Admission (ind Con. Ed.) Average Hourly Rate (excl Cont Lbr)	Salary Expense per FTE (excl Cont Lbr)	Labor Exp (excitnis) per Adjusted Admission Labor Exp % of Net Revenue	Patient Resource Management Oueral Madisons Avasons Lanch of Char	Overall Average Length of Stay	Acute Medicare Average Length of Stay Acute Medicare Average Length of Stay - Acuity Adjusted	Acute Overall Average Length of Stay	Acute Overall Average Length of Stay - Acutly Adjusted Observation Average Length of Stay	Overall Medicare Case Mix Index	Overall Case Mrk Index Acute Medicare Case Mrk Index	Acute Overall Case Mix Index	Supply Expense % of Net revenue Supply Expense per Adjusted Admission
	PY Var		14.3%	14.3%	13.4%	22.9%	-3.5%	7.2%	-1.6%	6.4%	1.8%	14.4%	č	5.1%	-1.3%	, , ,	0.7%	0.4%	25%	200	15.0%	20.6%	-11.6%	.12 0%	%	8/5:378	-13.7%	-13.6%	-6.0%	1.4%	1.4%	16.2%	2 60	0.4%	ان چ چ	-0.4%	2.1%	4.5%	0. 4 0. 8 8 %	8.8%	12.2%
	₽		- %	l m c																																		ımı	21 82	27	19.5%
	Prior Yr		7 81.4	2,13	299	201	8.2%	5,966	20,610	3,275	12 8	416	1	12.8%	13.4%	0.4%	1.7%	62%	8.4% 8.4%	100.0%	\$8,694	\$1,615	\$1,590	\$5,239	20.6%	9	794	2 98	4.05	\$21,40	\$44,502	4.7%	ř	3.29	2 K	3.29	2.55	E .			•
			14.8% 61.4															1.3% 6.2%							14.1% 20.6%									0.7%						14.8%	3.5%
	MONTH OF JUNE Budget Bud Var Prior			14.8%	30.9%	36.5%	46.3%	17.7%	12.7%	16.6%	-5.8%	3.5%	70.00	4.6%	~1.8%	%0:0 %ii	0.7%	1.3%	-1.9% %0.0		4.4%	15.5%	80.0	8,0% 8,0%		8000		-12.0%	4.8%	2,6%	2.6%	42.5% 12.0% 44.7%	1 894	%2.0	1.5%	0.7%	13.5%	12.8%	20.4%		\$1,046 3.5%

Johnston Memorial Consolidated Statement of Revenue and Expense For the Period Ended June 30, 2015

***************************************		TIME TO SETION					SHOOT OF SALES OF SALES	י מאמע פאבוע	DAVE OF	
	Ē.	7 10 C 10 C 10 E						A DEST	ייייי ייייי	
Actual	Budget	Bud Var	Prior Yr	PY var	Revenue. Gains and Support	Actua	Budget	Bud Var	Prior Yr	PY Var
14,934,725	12,984,304	15.0%	12,861,105	16.1%	Patient Service Revenue, Net of Contractual Allowances and Discounts	170,677,822	157,853,038	8.1%	143,069,171	19.3%
(967,447)	(2,105,455)	54.1%	(2,183,663)	55.7%	Provision for Bad Debt	(20,575,519)	(25,430,908)	19.1%	(17,002,826)	-21.0%
13,967,277	10,878,849	28.4%	10,677,442	30.8%	Net Patient Service Revenue	150,102,303	132,422,130	13,4%	126,068,344	19.1%
C	0	%0.0	0	0.0%	Premium Bevenue	0	0	0.0%	0	0.0%
1.630.152	398,987	308.6%	4,683,903	-65.2%	Net Investment Gain	3,168,693	1,922,546	64.8%	9,606,730	-67.0%
0	0	0.0	0	0.0%	Net Derivative Gain		0	%0.0	0	%0:0
937,577	161,197	481.6%	3,289,327	-71.5%	Other Revenue, Gains and Support	2,800,711	1,904,926	47.0%	5,590,722	-49.9%
16,535,006	11,439,034	-44.5%	18,650,671	11.3%	Total Revenue, Gains and Support	156,071,707	136,249,601	-14.5%	141,263,797	-10.5%
	;				Expense		:	i		;
3,821,667	3,020,489	-26.5%	3,415,738	-11.9%	Salaries and Wages	38,287,219	36,114,546	%O.9-	35,921,566	-6.5%
594,227	622,890	4.6%	1,148,004	48.2%	Provider Salaries	9,772,833	10,109,225	3.3%	14,467,792	32.5%
140,203	43,990	-218.7%	133,191	-5.3%	Contract Labor	1,442,268	790,864	-82.4%	682,573	-111.3%
1,236,682	940,901	31.4%	583,372	-112.0%	Employee Benefits	10,586,163	9,591,700	*10,4%	8,892,782	-19.0%
1,843,922	1,481,240	-24.5%	1,477,358	-24.8%	Fees	20,794,956	18,136,282	-14.7%	19,593,842	5.1%
1,951,820	1,706,429	-14.4%	2,081,079	6.2%	Supplies	22,269,900	20,653,207	-7.8%	19,567,473	-13.8%
145,288	175,786	17.3%	168,321	13.7%	Utilities	2,086,909	2,075,708	-0.5%	1,958,593	-6.6%
0	0	%0.0	0	%0.0	Medical Costs	0	0	%0.0	0	%0.0
1,014,329	856,322	-18.5%	969,502	4.6%	Other Expense	10,358,305	10,559,317	1.9%	8,296,879	-24.8%
0	0	%0.0	0	0.0%	Loss on Extinguishment of LTD / Derivatives	0	0	%0.0	0	0.0%
1,016,073	1,143,186	11.1%	(551,290)	284.3%	Depreciation	12,050,632	13,177,926	8.6%	12,797,707	5.8%
3,418	3,418	%0.0	3,418	0.0%	Amortization	41,020	41,020	%0.0	41,020	%0:0
33,312	36,076	7.7%	44,115	24.5%	Interest & Taxes	446,090	482,914	7.6%	577,529	22.8%
115,305	220,291	47.7%	527,602	78.1%	Consolidation Allocation	2,627,862	2,750,966	4.5%	6,480,950	29.5%
11,916,248	10,251,018	-16,2%	10,000,410	-19.2%	Total Expenses	130,764,156	124,483,676	%0. 9 -	129,278,706	-1.1%
4.618.758	1.188.015	-288.8%	8.650.261	46.6%	Excess of Revenue. Gains and Support over Expenses and Losses	25.307.551	11,765,925	-115.1%	11.985.090	-111.2%
					the same of the sa	The state of the s				

Johnston Memorial Consolidated Comparative Balance Sheet

YTD	(6) (6) (7) (7) (7)	(d) H (e)	ရှိ၍ ဝဝဝဝ	724 0 020) 704	(5) (6)	(861) (713 0 0 <u>2270</u> (618) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	0 8 3 1 2
YTD Activity	(1,357,448) (0) 597,128 (542,952) (210,509) (10,819) (10,499,698)	34,380,041	(9.683.235) (9.683.235) 0 0	343,724 0 0 (41,020) 302,704	23,499,812 399,575 (66,089)	395,713 395,713 14,522,270 15,250,618	0 (17,510,775) 0 565,146 (112,727) (17,058,357)	24,638,936 668,615 25,307,551 23,499,812
June 30 2014	11,653,780 21,666,369 2,704,886 391,988 1,765,400 2,997,365 634,974	130,127,592	167,301,358 0 0 199,510 0	1,518,216 0 69,828 248,732 2,036,286	341,240,009 5,403,497 7,159,836	35,014 353,033 2,261,850 0 3,042,473 18,265,703	0 35,981,126 0 2,086,237 1,126,666 39,194,029 57,459,732	481 283,779,796 0 283,780,277 341,240,009
Month Activity	595,319 943,916 558,126 (2,645,438) (108,103 (108,965 (355,348)	4,569,523	(1,134,824) (1,134,824) (0 0	343,724 0 0 (3,418) 340,306	3,421,687	(1,100) (2,175,719) (2,175,719) 0 16,066,467	(16,092,259) 0 (1,864,208) 242,419 (17,714,049)	4,618,758 4,618,758 3,421,667
May 31 2015	9,701,014 0 21,319,682 1,693,808 2,826,927 1,573,280 3,028,826 5,44,956	159.938,110	158,752,947 158,752,947 0 0 199,510 0	1,518,216 0 69,828 211,130 1,998,685	3,953,561 6,315,928	35,263 2,934,465 2,261,350 1,498,276 16,999,343	34,562,611 0 4,515,591 771,520 39,849,721	481 303,799,973 668,615 304,469,069 361,318,134
June 30 2015	10,296,333 0 22,263,497 2,161,934 17,41,89 1,741,894 2,946,517 698,520 40,275,074	164.507,633	157,618,123 157,618,123 0 199,510 0	1,861,941 0 0 69,828 207,711 2,338,990	364,739,821 5,803,072 7,093,747	34.163 758,746 2,261,850 17,564,742 33,516,321	18,470,351 0 2,651,383 1,013,939 22,135,673 55,661,994	481 308,418,731 688,615 309,087,827 364,739,821

OTHER ASSETS
Pledges Receivable
Long Tam Compansation Investment
Investments in Unconsolidated Subsidiaries
Land / Equipment Held for Resale
Assets Held for Expansion
Investments in Subsidiaries
Goodwill
Deferred Charges and Other

PROPERTY, PLANT AND EQUIPMENT

Land, Buildings and Equipment Less Allowances for Depreciation

ASSETS WHOSE USE IS LIMITED

OTHER INVESTMENTS

Due From Affiliates Due From Third Party Payors Inventories Prepaid Expense

ASSETS
CURRENTASSETS
Costs and Cash Equivalents
Current Portion AWUIL
Accounts Receivable (Net)
Other Receivables

CURRENT LIABILITIES
Accounts Payable and Accrued Expense
Accrued Salaries, Benefits, and PTO
Claims Payable

LIABILITIES AND NET ASSETS

TOTAL ASSETS

Accrued interest
Due to Affiliates
Due to Third Party Payors
Call Cotton Lability
Current Portion of Long Term Debt

OTHER NON CURRENT LIABILITIES
Long Term Compensation Payable
Long Term Debt
Estimated Fair Value of Interest Rate Swaps
Deferred Income
Professional Liability Self-Insurance and Other

TOTAL LIABILITIES AND NET ASSETS

NET ASSETS
Restricted Net Assets
Unrestricted Net Assets
Noncontrolling Interests in Subsidiaries

TOTAL LIABILITIES

Johnston Memorial Hospital Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between Bank of America3 and Johnston Memorial Hospital dated September 18, 2012, we hereby represent and warrant as follows:

da miona.		
Status as of:	9/30/2013	· •
Debt Service Coverage	Trailing 12-Month	
Excess Revenue Over Expenses	\$ 7,800	
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses	\$ 15,377 \$ 41 \$ 467 \$ -	• • • • • • • • • • • • • • • • • • •
+ Extraordinary items	\$.	•
EBITDA	\$ 20,746	
Total Debt Service (MADS)	\$ 4,326	
Debt Service Coverage Ratio	4.80x	
Covenant Requirement	1.30x	
Debt to Capital		·
LT Debt	\$ 38,874	
Minority Interest Unrestricted Net Assets Total	\$ 271,703 \$ 310,577	
Debt to Capitalization Ratio	13%	
Covenant Requirement	< 65%	
Days Cash on Hand (Required with Juhe and December F	eporting Penods)	
Cash	\$	
Unrestricted Investments	\$ -	
Total Cash	\$ -	
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$. \$.	
Dally Cash Expenses	\$ -	
Days Cash on Hand Ratio	. N/A Days	
Covenant Requirement	100 Days	•
To the best of the knowledge and beli certificate is true and correct as of this conditions of the Letter of Credit and S	date, and that the Borrower is in	compliance with all terms and
Mountain Si	tates Health Alliance	A
Print Nar		
7	Ha VAssistant Administrati	or & CEO

Title:

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between Bank of America and Johnston Memorial Hospital dated September 18, 2012, we hereby represent and warrant as follows:

Status as of:	9/3	30/2014
Debt Service Coverage		
		Trailing 12-Month
Excess Revenue Over Ex	kpenses	\$ 13,378
 Depreciation Amortization Interest Expense Taxes Non-Cash Impairme Extraordinary items 	nt Losses	\$ 11,903 \$ 41 \$ 552 \$ - \$ -
EBITDA		\$ 25,874
Total Debt Service (I	MADS)	\$ 4,493
Debt Service Coverage F	tatio	5.76x
Covenant Requirement		1.30x
Debt to Capital		
LT Debt		\$ 36,884
Minority Interest Unrestricted Net Ass Total	ets	\$ 286,873 \$ 323,757
Debt to Capitalization Ratio		11%
Covenant Requirement		< 65%
Days Cash on Hand (Required with June and D Cash Unrestricted investm Total Cash		s - \$ - \$ -
Total Operating Expe (Including Ir less: Non Cash Expe	iterest)	<u>\$</u> -
Total Cash Expenses (TTM)		\$ -
Daily Cash Expenses		\$ -
Days Cash on Hand Ratio		N/A Day
Covenant Requirement		100 Day

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 18, 2012.

Mountain States Health Alliance

By:

Print Name:

Title:

Senior Vice President & CFO

Johnston Memorial Hospital Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between Bank of America and Johnston Memorial Hospital dated September 18, 2012, we hereby represent and warrant as follows:

Status as of:1	2/31/2013
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 1,856
 Depreciation Amortization Interest Expense Taxes Non-Cash Impairment Losses Extraordinary items 	\$ 15,127 \$ 42 \$ 544 \$ - \$ -
EBITDA	\$ 17,569
Total Debt Service (MADS)	\$ 4,324
Debt Service Coverage Ratio	4:06x
Covenant Requirement	1,30x
Debt to Capital	
LT Debt	\$ 38,751
Minority Interest Unrestricted Net Assets Total	\$ 272,311 \$ 311,062
Debt to Capitalization Ratio	12%
Covenant Requirement	< 65%
Days Cash on Hand (Required with June and December Red Cash Unrestricted Investments Total Cash	5 5,082 \$ 128,414 \$ 133,496
Total Operating Expenses (Including Interest)- less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 132,166 \$ 15,169 \$ 116,997
Daily Cash Expenses	\$ 321
Days Cash on Hand Ratio	416_ Days
Covenant Requirement	100 Days
certificate is true and correct as of this d conditions of the Letter of Credit and Se	of the signer/hereof, the undersigned does certify that the foregoing ate, and that the Borrower is in compliance with all terms and curity Agreement dated effective September 18, 2012.

By: Print Name:

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between Bank of America and Johnston Memorial Hospital dated September 18, 2012, we hereby represent and warrant as follows:

Status as of:	12/3	31/201	4
Debt Service Coverage		Trailir	ng 12-Month
Excess Revenue Over E	xpenses	\$	18,352
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairme + Extraordinary Items 	ent Losses	\$ \$ \$ \$	11,228 41 518
EBITDA		\$	30,139_
Total Debt Service ((MADS)	_\$	4,492_
Debt Service Coverage I	Ratio		6.71x
Covenant Requirement		-	1.30x
Debt to Capital			
LT Debt		\$	34,577
Minority Interest Unrestricted Net Ass Total	sets	\$ \$	288,761 323,338
Debt to Capitalization Ratio	>		11%_
Covenant Requirement			< 65%_
Days Cash on Hand (Required with June and I Cash Unrestricted Investri Total Cash		s \$ \$	Periods) 16,628 138,070 154,698
Total Operating Exp (Including I less: Non Cash Exp Total Cash Expenses (TTM	nterest) enses	\$	124,696 11,269 113,427
Daily Cash Expenses		\$	311
Days Cash on Hand Ratio			498 Days
Covenant Requirement			100 Days
To the heat of the knowled	dae and helief	of the	cioner hereof the und

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 18, 2012.

By: Lynn Krutak

Print Name: Lynn Krutak

Title: Senior Vice President & CFO

Johnston Memorial Hospital Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between SunTrust Bank and Johnston Memorial Hospital dated November 16, 2011, we hereby represent and warrant as follows:

Status as of:	3/31/2014
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 1,521
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items	\$ 15,089 \$ 42 \$ 601 \$ -
EBITOA	\$ 17,253
Total Debt Service (MADS)	\$ 4,323
Debt Service Coverage Ratio	3.99x
Covenant Requirement	1.30x_
Debt to Capital	, ·
LT Debt	\$ 39,318
Minority Interest Unrestricted Net Assets Total	\$ 272,927 \$ 312,245
Debt to Capitalization Ratio	13%
Covenant Requirement	< 65%
Days Cash on Hand (Resulted With June and December) Cash Unrestricted Investments Total Cash	Reporting Periods) : 1
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ \$
Dally Cash Expenses	\$
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100 Days
certificate is true and correct as of the conditions of the Letter of Credit and	illef of the signer hereof, the undersigned does certify that the foregoing is date, and that the Borrower is in compliance with all terms and Security Agreement dated effective thosember 16, 2011.
Print Na	By: By: John Jeter Title: Assistant Administrator & CEO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between SunTrust Bank and Johnston Memorial Hospital dated November 16, 2011, we hereby represent and warrant as follows:

Status as of:	3/	31/2018	5
Debt Service Coverage		Tealli	og 40 Month
		raill	ng 12-Month
Excess Revenue Over Ex	penses	\$	18,472
+ Depreciation		\$	11,003
+ Amortization		\$	49
+ Interest Expense		\$	348
+ Taxes		\$	-
+ Non-Cash impairmen	1 Losses	\$	
+ Extraordinary Items			+
EBITDA		_\$	29,872
Total Debt Service (M	IADS)	\$	4,492
Debt Service Coverage Ra	atio		6.65x
Covenant Requirement			1.30x
Debt to Capital			
LT Debt		. \$	36,269
Minority Interest		\$	н
Unrestricted Net Asse	ts	\$	298,268
Total		\$	334,537
Debt to Capitalization Ratio			11%
Covenant Requirement			< 65%
<u>Days Cash on Hand</u> (Required with June and De Cash Unrestricted Investme Total Cash		s \$ \$	eriods)
Total Operating Exper		•	
(Including Interest Non Cook Export		<u>\$</u> \$	-
less: Non Cash Expen Total Cash Expenses (TTM)	1908	\$	-
. am ann wholiana (1 m)			
Dally Cash Expenses		\$	64 *****
Days Cash on Hand Ratio			N/A Days
Covenant Requirement			100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective November 16, 2011.

Mountain States Health Alllance

By: Lynn Krutak

Title: Senlor Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between SunTrust Bank and Johnston Memorial Hospital dated November 16, 2011, we hereby represent and warrant as follows:

Status as of:	6/30/2014
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 8,606
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items	\$ 12,798 \$ 41 \$ 578 \$ - \$ -
EBITDA	\$ 22,023
Total Debt Service (MADS)	\$ 4,321
Debt Service Coverage Ratio	5.10x
Covenant Requirement	1.30x
Debt to Capital	
LT Debt	\$ 39,024
Minority Interest Unrestricted Net Assets Total	\$ 286,344 \$ 325,368
Debt to Capitalization Ratio	12%
Covenant Requirement	< 65%
Days Cash on Hand (Required with June and December R	eporting Periods)
Cash Unrestricted Investments Total Cash	\$ 11,654 \$ 130,128 \$ 141,782
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 129,469 \$ 12,839 \$ 116,630
Daily Cash Expenses	\$ 320
Days Cash on Hand Ratio	444 Days
Covenant Requirement	100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective November 16, 2011.

Mountain States fleath Alliance

By: Lynn Krutak

Title: Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between SunTrust Bank and Johnston Memorial Hospital dated November 16, 2011, we hereby represent and warrant as follows:

Status as of:	6/30/2015		-
Debt Service Coverage	Tuellin	a 10 Manib	
	ıranın	g 12-Month	
Excess Revenue Over Expenses	\$	26,171	-
+ Depreciation	\$	12,051	
+ Amortization	\$	41	-
+ Interest Expense	\$	446	_
+ Taxes	\$	-	4
+ Non-Cash Impairment Losses	\$	-	-
+ Extraordinary items	\$	-	-
EBITDA	\$	38,708	-
Total Debt Service (MADS)	\$	4,494	
Total Debt Service (MADS)	Ψ	4,404	-
Debt Service Coverage Ratio		8.61x	
Covenant Requirement		1.30x	
Debt to Capital			
LT Debt	\$	36,035	-
Minority Interest	\$	-	
Unrestricted Net Assets	\$	308,230	
Total	\$	344,265	-
		4007	
Debt to Capitalization Ratio		10%	-
Covenant Requirement		< 65%	-
Days Cash on Hand			
(Required with June and December Re	porting Pe	riods)	
Cash	\$	10,296	_
Unrestricted Investments	\$	164,508	_
Total Cash	\$	174,804	-
Total Operating Expenses			
(Including Interest)	\$	130,429	
less: Non Cash Expenses	\$	12,092	-
Total Cash Expenses (TTM)	\$	118,337	.
Daily Cash Expenses	\$	324	
Days Cash on Hand Ratio		539	Days
Covenant Requirement		100	Days
To the best of the knowledge and belie			

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective November 16, 2011.

Mountain States Health Alliance

By:

Print Name:

Title:

Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between SunTrust Bank and Johnston Memorial Hospital dated November 16, 2011, we hereby represent and warrant as follows:

Status as of:	6/30/2015
Debt Service Coverage	T W 4011 4
	Trailing 12-Month
Excess Revenue Over Expenses	\$ 26,360
+ Depreciation	\$ 12,051
+ Amortization	\$ 41
+ Interest Expense	\$ 446
+ Taxes	\$ -
+ Non-Cash Impairment Losses	\$ -
+ Extraordinary items	\$ -
EBITDA	\$ 38,897
Total Debt Service (MADS)	\$ 3,061
Debt Service Coverage Ratio	12.71x
Covenant Requirement	1.30x
Debt to Capital	
LT Debt	\$ 36,035
Minority Interest	\$ -
Unrestricted Net Assets	\$ 308,419
Total	\$ 344,454
Debt to Capitalization Ratio	10%
Covenant Requirement	< 65%
Days Cash on Hand (Required with June and December Recash Unrestricted Investments Total Cash	eporting Periods) \$ 10,296 \$ 164,508 \$ 174,804
	· · · · · · · · · · · · · · · · · · ·
Total Operating Expenses	
(Including Interest)	\$ 123,998
less: Non Cash Expenses	\$ 12,092
Total Cash Expenses (TTM)	\$ 111,906
Daily Cash Expenses	\$ 307
Days Cash on Hand Ratio	570 Days
Covenant Requirement	100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective November 16, 2011.

By: Lynn Krutak

Title: Senior Vice President & CFO

Johnston Memorial Consolidated Key Operating Indicators For the Period Ended June 30, 2015

	PY Var		26,1%	26.1%	26.7%	60, n	0 0 0 0 0 0 0 0	-34.4%	7.8%	00.0 4.5 %%	6 4. 8 4. 8 4.	-20.3%	13.3%	-5.3%	į	0 80.0	-1.4%	% 0 0 0	% 0:0	0.2%	5.0 8.0 8.8 8.8		6.5% 14.4%	8.5%	7.9% 7.9%	6.7%	9:0%	200	-94.5%	4.8% %8.4	8,00 8,00 8,00 8,00 8,00 8,00 8,00 8,00	2.3%	-2.3% -1.8%	15.9%	1.4%	0,5% 4.4%	80	6.0 8.0 8.0 8.0	30.3%	7.9%	%B. C.	7.00 4.4%	% 0.0%
	DATE Prior Yr		8 84 89,	23,524	7,109	4,130	2,000	10.4%	70,039	21,166	39,161	811	1,296	2,560	č	39.5% 13.3%	13.6%	0.3%	1.7%	5.4%	1.7%	100.0%	\$6,794	81,874	\$6,201	\$6,083	\$5,956	100	- w	796	78.2	\$21.52	\$2,210	47.1%	3.63	3.31	12.87	2.78	1.48	21.128 51.1	1.29	15.5%	\$924
	TWELVE MONTHS YEAR TO DATE Budget Bud Var F		17.5%	17.5%	17.8%	15.7%	% ? «	6.1%	14.2%	%€.4. %€.4.	20.62	-58.1%	1.7%	% 6.09		2.2%	-1.7%	0.1%	%0.0	%°.0 %°.0 %°.0	5 5 8 8 8 8 8 8		-10.7%	٥ 4 5 4	. 4 . 4 . 8 . 8	% 00 7	*1.0%	6	-133.1%	-3.0% 0.0%	10.0%	4.5 %	6.8% 8.8%	7.2%	1.1%	0.2%	9.0%	20.0 8.6.0 %%	1.1%	8.00 %7.7%	80.5	4.8%	κή 80.
	TWELVE MON Budget		69 50 89	25,232	7,846	3,717	7,020 7,020 8,000 8,000		66,126	20,038	000.00	1,543	1,443	5,655	*	39.6%	13.9%	0.3%	1.7%	5.4%	1.7%	100.0%	\$10,495 \$1,939	\$2,035	\$6,716	\$6,212	\$6,809	0	3 4	£ ;	4. 60 4. 0.	\$21.56	\$44,851	42.7%	3.62	3.30	283	3.30	9.	1.13	1.28	15.6%	\$1,031
	Actual		81 70 1%	29,660	600'6	6.00 6.00 6.00 6.00 6.00 6.00 6.00 6.00	7,0 2,0 2,0 2,0 2,0 2,0 3,0 3,0 3,0 3,0 3,0 3,0 3,0 3,0 3,0 3	80.00	75,521	22,939	41,308	646	1,468	5,265		33.1%	12.2%	0.4% %4.4%	1.7%	. 5.6%	, o. 1	100.0%	\$9,368 \$1,875	\$2,033	\$6,692	85,878	\$6,544	Š	5	834	75.6	\$22.01	\$45,780 \$2,245	39.7%	3.58	3.29	2.57	3.29 2.49	1.03	<u>ද</u> දි. පි.	85.7	14.8%	S971
ie 30, 2015							tion Visits & Acute Admissions																														justed	sted					
For the Period Ended June 30, 2015		Operating Statistics (excl Long-Term Care)	Average Daily Census	Patient Days	Admissions	Observation Visits	Non Object varion Visits % of Non OB Observation Visits & Acide Admissions	Non OB Observation % of Occupancy	Adjusted Patient Days	Adjusted Admissions	ED Visits	Home Health Episodes	IP Surgery Cases	OP Surgery Cases	Revenue By Source	Medicare Managed Medicare	Medicald	TennCare	United - River Valley	Managed Care / Commercial	Offering / Seri may Other Patient Revenue	Total Gross Patient Revenue	IP Revenue per Patient Day OP Revenue per Outpatient Visit				Net Revenue per Adjusted Admission	Labor Management fexci Long-Term Care)	-		Man Hours per Adjusted Admission (incl Cont Lbt)	•	<i>"</i> –					Acute Overall Average Length of Stay Acute Overall Average Length of Stay - Acuity Adjusted		Overall Medicare Case Mix Index Overall Case Mix Index	•		Supply Expense per Adjusted Admission
For the Period Ended Jun	PY Var		14.3% Average Daily Census			13.4% Observation Visits		-3.5% Non OB Observation % of Occupancy				0.0% Home Health Episodes		14.4% OP Surgery Cases	-,-		_		0.7% United - River Valley						5.4% Operating Revenue per Adjusted Admission		22.5% Net Revenue per Adjusted Admission		-			•	1.4% Salary Expense per FTE (excl Cont Lbr) -19.9% Labor Exp (excl Phys) per Adjusted Admission			-0.4% Overall Average Length of Stay -1.3% Acute Medicare Average Length of Stay					•		-
For the Period End ed Jun	Prior Yr PY Var		-	14.3%	13.9%	13.4%	5.9%	-3.5%	7.2%	6.9%	6.4%	%0,0	1.8%	14.4%	2	-0.5%	-1,3%	, O.1 % 12 % 18		0. c 4. n % %	-0.3%			5.0%	5.4%	-12.0%	22.5%	64	8.7%	-13.6%	6.4%	1.4%	–	16.2%	-2.5%		3.1%	0.4% 1.8%	21.5%	9.6% %9.0	4.5%	28.3%	12.2%
	Prior Yr		14.3%	2.138 14.3%	649 13.9%	299 13.4%	%65 707 23.6% 50.0%	8.2% -3.5%	5,966 7.2%	20,640	3.275 6.4%	60 0.0%	112 1.8%	416 14.4%	THE CO	12.8% 5.1%	13.4% -1.3%	0.4%	0.7%	6.2% 0.4% 8.4% 0.4%	2.1% -0.3%	100.0%	15.0% 20.6%	\$2,237 5.0%	S7,370 5.4%	\$5,239 -12.0%	\$5,896 22.5%	%C 64	13 -8.7%	806 -13.6%	76.1 -6.4%	\$21,40 1.4%	1.4%	44.7% 16.2%	3.51 -2.5%	-0.4%	2.57 3,1%	2.55 5.1%	1.42 21.5%	1.38 4.5% 1.22 9. 6%	1,38 4.5%	19.5% 28.3%	\$1,149 12.2%
	NE Prior Yr	тталичини	71 14.3% F1.4% 14.3%	14.8% 2.138 14.3%	15.6% 649 13.9%	30.9% 299 13.4%	13.5% 23.6% 5.9%	46.3% 8.2% -3.5%	17.7% 5,966 7.2%	18.5% 1,811 6.8%	16.8% 3.275 6.4%	-53.5% 60 0.0%	-5.8% 112 1.8%	3.5% 416 1 4.4%	200	-3.5% 38.7 % -0.5% 4.6% 12.8% 5.1%	-1.8% 13.4% -1.3%	0.0% 0.4% -0.1%	1.7% 0.7%	1.3% 6.2% 0.4%	0.0% 2.1% -0.3%	100.0%	\$8,694 15.0% \$1,615 20.6%	15,5% \$2,237 5.0%	14.7% \$7,370 5.4%	6,6% \$5,239 -12.0%	8.3% \$5,896 22.5%	%C 64	-453.7% 13 -8.7%	-12.0% 806 -13.6%	5.5% 76.1 -6.4%	2.6% \$21,40 1.4%	\$44,502 1.4% 1.52,070 -19,9% 1	12.0% 44.7% 16.2%	3.51 -2.5%	3.29 -0.4%	12.7% 2.57 3.1%	0.7% 3.29 -0.4%	-7.2% 1.42 21.5%	12.6% 1.38 4.5% 20.4% 1.22 9.6%	12.8% 1.38 4.5%	14.8% 1.29 5.5% 10.9% 10.5% 28.3%	3.5% \$1,149 12.2%

Johnston Memorial Consolidated Statement of Revenue and Expense For the Period Ended June 30, 2015

PY Var

19.3% -21.0% 19.1% 0.0% 67.0% 0.0% 49.9% -10.5%

O DATE	Prior Yr		143,069,171	(17,002,826)	126,066,344	c	00000	ne /'ana's	0	5,590,722	141,263,797		35,921,566	14,467,792	682,573	8,892,782	19,593,842	19,567,473	1,958,593	0	8,296,879	0	12,797,707	41,020	577,529	6,480,950	129,278,706	11,985,090
THS YEAR T	Bud Var		8.1%	19.1%	13.4%	%U U	200	04.0%	%0:0	47.0%	-14.5%		%0.9 9	3.3%	-82.4%	-10.4%	-14.7%	-7.8%	-0.5%	%0.0	1.9%	%0:0	8.6%	%0.0	7.6%	4.5%	%0.9 Pi.0%	-115.1%
TWELVE MONTHS YEAR TO DATE	Budget		157,853,038	(25,430,908)	132,422,130	c	000	3,822,040	0	1,904,926	136,249,601		36,114,546	10,109,225	790,864	9,591,700	18,136,282	20,653,207	2,075,708	0	10,559,317	0	13,177,926	41,020	482,914	2,750,966	124,483,676	11,765,925
	Actual		170,677,822	(20,575,519)	150,102,303	c	2 460 602	5, 100,095	0	2,800,711	156,071,707		38,287,219	9,772,833	1,442,268	10,586,163	20,794,956	22,269,900	2,086,909	0	10,358,305	0	12,050,632	41,020	446,090	2,627,862	130,764,156	25,307,551
		Revenue, Gains and Support	Patient Service Revenue, Net of Contractual Allowances and Discounts	Provision for Bad Debt	Net Patient Service Revenue	Special State of the State of t		Net investment Gain	Net Derivative Gain	Other Revenue, Gains and Support	Total Revenue, Gains and Support	Expense	Salaries and Wages	Provider Salaries	Contract Labor	Employee Benefits	Thees	Supplies	Utilities	Medical Costs	Other Expense	Loss on Extinguishment of LTD / Derivatives	Depreciation	Amortization	Interest & Taxes	Consolidation Allocation	Total Expenses	Excess of Revenue, Gains and Support over Expenses and Losses
	PY Var		16.1%	55.7%	30.8%	200	200	-05.2%	0.0%	-71.5%	11.3%		-11,9%	48.2%	-5.3%	-112.0%	-24.8%	6,2%	13.7%	0.0%	4.6%	0.0%	284.3%	0.0%	24.5%	78.1%	-19.2%	46.6%
	Prior Yr		12,861,105	(2,183,663)	10,677,442	c	000	4,683,903	0	3,289,327	18,650,671		3,415,738	1,148,004	133,191	583,372	1,477,358	2,081,079	168,321	0	969,502	0	(551,290)	3,418	44,115	527,602	10,000,410	8,650,261
MONTH OF JUNE	Bud Var		15.0%	54.1%	28.4%	%	200	308.5%	%0:0	481,6%	44.5%		-26.5%	4.6%	-218.7%	-31.4%	-24.5%	-14,4%	17.3%	0.0%	-18.5%	%0.0	11.1%	%0.0	7.7%	47.7%	-16,2%	.288.8%
NOM	Budget		12,984,304	(2,105,455)	10,878,849	c	2000	700,000	0	161,197	11,439,034		3,020,489	622,890	43,990	940,901	1.481.240	1,706,429	175,786	0	856,322	0	1,143,186	3,418	36,076	220,291	10,251,018	1,188,015
	Actual		14,934,725	(967,447)	13,967,277	c	200	7,630,152	0	937,577	16,535,006		3,821,667	594.227	140,203	1,236,682	1.843.922	1,951,820	145,288	0	1,014,329	0	1,016,073	3,418	33,312	115,305	11,916,248	4,618,758

6.6% 6.10% 6.10% 6.10% 6.10% 6.00% 6

-111.2%

Johnston Memorial Consolidated Comparative Balance Sheet

YTD Activity	(1,357,448) (0) (0) (0) (542,128 (542,952) (24,017) (10,848) 48,947 (1,499,698)	34,380,041	1,685,491 11,368,726 (9,683,235)	343,724 0 0 0 0 0 0 0 0 0 302,704	23,499,812 399,575 (66,089) (85,1)	395,713 0 0 14,522,270 15,250,618	0 (17,510,775) 0 565,146 (112,727) (17,038,357)	(1,807,739) 0 24,638,836 668,615 25,307,551 23,499,812
June 30 2014	11,653,780 0 21,666,389 2,704,886 391,988 1,765,400 2,987,395 634,974 41,774,772	130,127,592	257,352,857 90,051,499 167,301,358	0 0 0 199.510 0 1,518.216 0 69.828 248.732 2,036.286	341,240,009 5,403,497 7,159,836 35,014	363,033 2,261,860 0.042,473 18,265,703		57.459,732 481 283,779,796 283,780,277 341,240,009
Month Activity	595,319 0 943,915 558,126 (2,645,438) 188,103 (82,308) 108,965	4,569,523	(188,805) 946,018 (1,134,324)	343,724 0 343,724 0 0 (3,418) 340,306	3,421,687 1,849,511 777,819 (1100)	(2,175,719) 0 0 16,086,467 16,516,977	0 (16,092,259) 0 (1,884,208) 242,419 (17,7714,049)	(1,197,071) 0 4,618,758 0 4,618,758 3,421,687
May 31 2015	9,701,014 0 21,319,582 1,603,308 2,826,927 1,573,280 3,028,826 574,956 40,628,392	159,938,110	259,227,153 100,474,207 158,752,947	0 199,510 0 1,518,216 0 69,828 211,130 1,998,666	361,318,134 3,953,561 6,315,928 0 35,263	2,934,465 2,261,850 0 1,498,276 16,599,343	34,562,611 0 4,515,591 771,520 39,849,721	56.849,065 481 303,799,973 668,615 304,469,069 361,318,134
June 30 2015	10,296,333 2,263,497 2,161,934 191,485 1,741,384 2,946,617 683,920 40,275,074	164,507,633	259,038,348 101,420,225 157,618,123	199,510 1,861,941 69,628 207,711	364.739,821 5,803,072 7,093,747 34,163	758,746 2,261,850 0 17,564,742 33,516,321	18,470,351 2,651,383 1,013,939 22,135,673	55,651,994 481 308,4131 668,615 309,087,827 364,739,827

OTHER ASSETS
Pledges Receivable
Long Tem Compensation Investment
Investments in Unconsolidated Subsidiaries
Land / Equipment Held for Resale
Assets Held for Expansion
Investments in Subsidiaries
Goodwill
Deferred Charges and Other

PROPERTY, PLANT AND EQUIPMENT Land, Buildings and Equipment Less Allowances for Depreciation

ASSETS WHOSE USE IS LIMITED

OTHER INVESTMENTS

Due From Affiliates Due From Third Party Payors Inventories Prapaid Expense

ASSETS
CURRENTASSETS
Cash and Cash Equivalents
Current Porton AVVUIL
Accounts Receivable (Net)
Other Receivables

LIABILITIES AND NET ASSETS
CURRENT LIABILITIES
Accounts Payable and Accured Expense
Accured Salaries, Benefits, and PTO
Claims Payable

TOTAL ASSETS

Accused interest
Due to Affiliates
Due to Third Party Payors
Call Option Liability
Current Portion of Long Term Debt

OTHER MON CURRENT LABILITIES
Long Term Compensation Payable
Long Term Debt
Estimated Fair Value of Interest Rate Swaps
Deferred Income
Professional Liability Self-Insurance and Other

TOTAL LIABILITIES AND NET ASSETS

NET ASSETS
Restricted Net Assets
Unrestricted Net Assets
Noncontrolling Interests in Subsidiaries

TOTAL LIABILITIES

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between SunTrust Bank and Johnston Memorial Hospital dated November 16, 2011, we hereby represent and warrant as follows:

Status as of:	9/30/2014
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expens	ses <u>\$ 13,378</u>
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Los + Extraordinary items	\$ -
CBITUA	<u>\$ 25,874</u>
Total Debt Service (MADS	\$ 4,493
Debt Service Coverage Ratio	5.76x
Covenant Requirement	1.30x
Debt to Capital	
LT Debt	_\$ _36,884
Minority Interest Unrestricted Net Assets Total	\$ 286,873 \$ 323,757
Debt to Capitalization Ratio	11%
Covenant Requirement	< 65%
Days Cash on Hand (Required with June and Decen	nber Reporting Periods) \$ -
Unrestricted Investments Total Cash	\$ <u>-</u>
Total Operating Expenses (Including Interes less: Non Cash Expenses Total Cash Expenses (TTM)	
Daily Cash Expenses	\$ -
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	<u>100</u> Da y s

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 18, 2012.

Mountain States Health Alliance

By:

Print Name:

Title:

Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between SunTrust Bank and Johnston Memorial Hospital dated November 16, 2011, we hereby represent and warrant as follows:

Status as of:	9/30/2015
Debt Service Coverage	Trailing 12-Month
	Training 12-1410shir
Excess Revenue Over Expenses	\$ 25,817
+ Depreciation	\$ 11,972
+ Amortization + Interest Expense	\$ 41 \$ 432
+ Taxes	\$ -
 Non-Cash Impairment Losses Extraordinary items 	\$ -
EBITDA	\$ 38,262
Total Debt Service (MADS)	\$ 3,143
Debt Service Coverage Ratio	12.17x
Covenant Requirement	1.30 <u>x</u>
Debt to Capital	
LT Debt	\$ 17,300
Minority Interest	\$
Unrestricted Net Assots	\$ 308,520 \$ 325,820
Total	<u> </u>
Debt to Capitalization Ratio	<u>5%</u>
Covenant Regulrement	< 65%
Days Cash on Hand (Required with June and December Cash Unrestricted Investments Total Cash	Reporting Periods) \$ \$ \$
Total Occasion Foresco	
Total Operating Expenses (including Interest)	\$
less: Non Cash Expenses	\$ -
Total Cash Expenses (TTM)	<u>\$</u> <u>"</u>
Daily Cash Expenses	\$
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100_Days
To the best of the Impulades and hi	alief of the claner hereof, the undersians

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 18, 2012.

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between SunTrust Bank and Johnston Memorial Hospital dated November 16, 2011, we hereby represent and warrant as follows:

Status as of:	12/31/2013
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 1,856
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items	\$ 15,127 \$ 42 \$ 544 \$ - \$ -
EBITDA	\$ 17,569
Total Debt Service (MADS)	\$ 4,324
Debt Service Coverage Ratio	4.06x
Covenant Requirement	1.30x
Debt to Capital	
LT Debt	\$ 38,751
Minority Interest Unrestricted Net Assets Total	\$ 272,311 \$ 311,062
Debt to Capitalization Ratio	12%
Covenant Requirement	< 65%
Days Cash on Hand (Required with June and December F Cash Unrestricted Investments Total Cash	\$ 5,082 \$ 128,414 \$ 133,496
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 132,166 \$ 15,169 \$ 116,997
Daily Cash Expenses	\$ 321
Days Cash on Hand Ratio	416_ Days
Covenant Requirement	
certificate is true and correct as of this	ief of the signer hereof, the undersigned does certify that the foregoing s date, and that the Borrower is in compliance with all terms and Security Agreement dated effective November 16, 2011.

Print Name: John Jeter
Title: Assistant Administrator & CFO

Mountain States Health Allian

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between SunTrust Bank and Johnston Memorial Hospital dated November 16, 2011, we hereby represent and warrant as follows:

Status as of:	12/31/2014
Debt Service Coverage	
	Trailing 12-Month
Excess Revenue Over Expens	ses <u>\$ 18,352</u>
+ Depreciation	\$ 11,228
+ Amortization	\$ 41
+ Interest Expense	\$ 518
+ Taxes	\$ - ses \$ -
+ Non-Cash Impairment Los + Extraordinary items	ses <u>φ -</u> \$ -
- Extraordinary nome	_
EBITDA	\$ 30,139
Total Debt Service (MADS	\$ 4,492
Debt Service Coverage Ratio	6.71x
Covenant Requirement	1 200
Covenant Requirement	1.30x
Debt to Capital	
LT Debt	\$ 34,577
Minority Interest	\$ -
Unrestricted Net Assets	\$ 288,761
Total	\$ 323,338
Debt to Capitalization Ratio	11%_
Covenant Requirement	< 65%
Days Cash on Hand (Required with June and Decem	ber Reporting Periods)
Cash	\$ 16,628
Unrestricted Investments Total Cash	\$ 138,070 \$ 154,698
rotal Gash	\$ 154,698
Total Operating Expenses	
(Including Interest	
less: Non Cash Expenses	\$ 11,269
Total Cash Expenses (TTM)	\$ 113,427
Daily Cash Expenses	<u>\$ 311</u>
Days Cash on Hand Ratio	498_ Days
Covenant Requirement	100_ Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective November 16, 2011.

By:

Print Name:

Title:

Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between Bank of America and Mounatin States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of:	131/2014
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ (7,162)
 Depreciation Amortization Interest Expense Taxes Non-Cash Impairment Losses Extraordinary items 	\$ 60,678 \$ 1,859 \$ 42,191 \$ - \$ 4,622
EBITDA	\$ 102,188
Total Debt Service (MADS)	\$ 67,267
Debt Service Coverage Ratio	1.52x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and December Re	eporting Periods)
Cash Unrestricted Investments Total Cash	\$ - \$ -
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ - \$ -
Daily Cash Expenses	\$ -
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100 Days
To the best of the knowledge and belie	ef of the signer hereof, the undersigned does certify that the fo

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

Mountain States	Health Alliance
By:	
Print Name:	Marvin Eichorn
Title:	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between Bank of America and Mountain States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of:	3/31/2015
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 23,297
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 48,742 \$ 1,149 \$ 43,382 \$ - \$ 4,622
EBITDA	\$ 121,192
Total Debt Service (MADS)	_\$ 67,246_
Debt Service Coverage Ratio	1.80x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and December Cash Unrestricted Investments Total Cash	Reporting Periods) \$ - \$ - \$ -
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ - \$ -
Daily Cash Expenses	\$ -
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective July 30, 2013.

Mountain States	Health Alliance
Ву: _	1 XUIVI / X COCCO.
Print Name:	Lynn Krutak
Title: _	Senior Vice-President CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between Bank of America and Mountain States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of:	6/30/2014
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 15,340
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 52,544 \$ 1,691 \$ 42,734 \$ - \$ 4,622
EBITDA	\$ 116,931
Total Debt Service (MADS)	\$ 67,257
Debt Service Coverage Ratio	1.74x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and December	Reporting Periods)
Cash Unrestricted Investments Total Cash	\$ 27,419 \$ 395,346 \$ 422,765
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 825,612 \$ 54,235 \$ 771,377
Daily Cash Expenses	\$ 2,113
Days Cash on Hand Ratio	
Covenant Requirement	100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective July 30, 2013.

Mountain States Health Alliance

By:

Print Name:

Lynn Krutak

Title:

Senior Vice-President CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between Bank of America and Mountain States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

6/30/2015

Status as of:	6/30/2015
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 33,771
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items ` 	\$ 51,308 \$ 1,488 \$ 41,598 \$ - \$ -
EBITDA	\$ 128,165
Total Debt Service (MADS)	\$ 67,254
Debt Service Coverage Ratio	1.91x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and December R Cash Unrestricted Investments Total Cash	\$ 47,024 \$ 407,932 \$ 454,956
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM) Daily Cash Expenses	\$ 829,866 \$ 52,796 \$ 777,070 \$ 2,129
Days Cash on Hand Ratio	214 Days
Covenant Requirement	100 Days

Status as of:

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective July 30, 2013.

By:
Print Name:
Title:
Senior Vice-President CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between Bank of America and Mountain States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of:	9/30/2013	•	
<u>Debt Service Coverage</u>	Trailing 12-Month		
Excess Revenue Over Expenses	\$ 62,408		
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items	\$ 59,811 \$ 2,192 \$ 41,609 \$ - \$ -		
EBITDA	\$ 135,723		
Total Debt Service (MADS)	\$ 67,286		
Debt Service Coverage Ratio	2.02x	*** 	
Covenant Requirement	. 1.30x	• .	
	•	•	
Days Cash on Hand (Required with June and December)	Reporting Periods)		
Cash Unrestricted Investments Total Cash	\$ - \$ -		
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ -	·	
Daily Cash Expenses	<u> </u>		
Days Cash on Hand Ratio	<u>N/A</u> D	ays´	
Covenant Requirement	100 D	ays	
	is date, and that the Bor	the undersigned does certify that the forego rower is in compliance with all terms and	oin

conditions of the Letter of Credit and Security Agreement dated effective July 30, 2013.

lountain States H		
Ву:	Main Il Gilean	
Print Name:	Marvin-Eichorn	
Title:	Senior Vice-President, CFO	•

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between Bank of America and Mountain States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of:	0/30/2014
Debt Service Coverage	Trailing 12-Month
	Training 12-World
Excess Revenue Over Expenses	\$ 37,352
+ Depreciation	\$ 51,344_
+ Amortization	\$ 1,539
+ Interest Expense	\$ 42,901 \$ -
+ Taxes	\$ -
+ Non-Cash Impairment Losses	\$ -
+ Extraordinary items	\$ -
EBITDA	\$ 133,136
Total Debt Service (MADS)	\$ 67,252
Debt Service Coverage Ratio	1.98x
Covenant Requirement	1.30x
<u>Days Cash on Hand</u> (Required with June and December R	eporting Periods)
Cash	\$ -
Unrestricted Investments	\$ -
Total Cash	\$ -
Total Operating Expenses	6
(Including Interest)	\$ - \$ -
less: Non Cash Expenses	\$ <u>-</u>
Total Cash Expenses (TTM)	<u> </u>
Daily Cash Expenses	\$ -
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100 Days
To the heat of the knowledge and beli	of of the signer beroof, the undersign

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective July 30, 2013.

Mountain States	Health Alliance
	Vi krile 6
By:	Jem Xutare
Print Name:	Lynn Krutak
Title:	Senior Vice-President CFO
-	

Covenant Compliance Certificate

in accordance with the terms of the Letter of Credit and Security Agreement between Bank of America and Mounatin States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of:	12/3	31/2013		
Debt Service Coverage		Trailing	12-Mont	h
Excess Revenue Over Ex	kpenses	\$	13,491	-
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairmed + Extraordinary items 	nt Losses	\$ \$ \$ \$	60,683 2,028 41,619 - - 4,622	- - -
EBITDA		\$	122,442	-
Total Debt Service (f	MADS)	_\$	67,281	
Debt Service Coverage F	Ratio		1.82x	
Covenant Requirement			1.30x	
Days Cash on Hand (Required with June and E	ecember Repi	orting Pe	riods)	:
Cash Unrestricted Investm Total Cash	ents		8,888 388,207 397,095	•
Total Operating Expe (Including Ir less: Non Cash Expe Total Cash Expenses (TTM)	iterest) enses	\$	821,779 62,711 759,068	
Daily Cash Expenses		\$ 2	2,079.64	
Days Cash on Hand Ratio			191	Days
Covenant Requirement			100	Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective July 30, 2013.

Health Alliance
Health Alliance
. /
Marvin Eichorn
Senior Vice-President, CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between Bank of America and Mountain States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of:	12/31/2014
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expense	•
 Depreciation Amortization Interest Expense Taxes Non-Cash Impairment Loss Extraordinary items 	\$ 49,984 \$ 1,540 \$ 42,765 \$ - \$ -
EBITDA	\$ 145,195
Total Debt Service (MADS)	\$ 67,240
Debt Service Coverage Ratio	2.16x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and Decemb	er Reporting Periods)
Cash	\$ 38,810
Unrestricted Investments	\$ 387,586
Total Cash	\$ 426,396
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 820,364 \$ 51,524 \$ 768,840
Daily Cash Expenses	\$ 2,106
Days Cash on Hand Ratio	202_ Days
Covenant Requirement	100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective July 30, 2013.

By: Lyrin Krutak

Title: Senlor Vice-President CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between The Bank of New York and Mounatin States Health Alliance dated June 25, 2013, we hereby represent and warrant as follows:

3/31/2014

Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ (7,162)
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 60,678 \$ 1,859 \$ 42,191 \$ - \$ 4,622
EBITDA	\$ 102,188
Total Debt Service (MADS)	\$ 67,267
Debt Service Coverage Ratio	1.52x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and December Rep	orting Periods)
Cash Unrestricted investments Total Cash	\$ - \$ -
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ <u>-</u> \$ <u>-</u>
Daily Cash Expenses	\$
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100 Days
To the best of the knowledge and belief certificate is true and correct as of this d	

Status as of:

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

Mountain States	Health Alliance
Ву:	Afficiall Tribera
Print Name:	Marvin Eichorn
Title:	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between The Bank Of New York and Mountain States Health Alliance dated June 25, 2013, we hereby represent and warrant as follows:

Status as of:	3/31/2015
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 23,297
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 48,742 \$ 1,149 \$ 43,382 \$ - \$ - \$ 4,622
EBITDA	\$ 121,192
Total Debt Service (MADS)	\$ 67,246
Debt Service Coverage Ratio	1.80x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and December Cash Unrestricted Investments Total Cash	Reporting Periods) \$ - \$ - \$ -
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ - \$ -
Daily Cash Expenses	\$ -
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective July 30, 2013.

Mountain States	s Health Alliance
By:	Klmp Krutak
Print Name:	Lynn Krutak
Title:	Senior Vice-President CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between The Bank of New York and Mounatin States Health Alliance dated June 25, 2013, we hereby represent and warrant as follows:

Status as of:	6/30/2014		
<u>Debt Service Coverage</u>	Trailing 12-Month		
Excess Revenue Over Expenses	\$ 15,340		
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 52,544 \$ 1,691 \$ 42,734 \$ - \$ - \$ 4,622		
EBITDA	\$ 116,931		
Total Debt Service (MADS)	\$ 67,257		
Debt Service Coverage Ratio	1.74x		
Covenant Requirement	1.30x		
<u>Days Cash on Hand</u> (Required with June and December	Reporting Periods)		
Cash Unrestricted Investments Total Cash	\$ 27,419 \$ 395,346 \$ 422,765		
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 825,612 \$ 54,235 \$ 771,377		
Daily Cash Expenses	\$ 2,113		
Days Cash on Hand Ratio	200 Days		
Covenant Requirement	100 Days		

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

By:

Print Name:

Title:

Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between The Bank Of New York and Mountain States Health Alliance dated June 25, 2013, we hereby represent and warrant as follows:

Status as of:	6/30/2015
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 33,771
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 51,308 \$ 1,488 \$ 41,598 \$ - \$ -
EBITDA	\$ 128,165
Total Debt Service (MADS)	\$ 67,254
Debt Service Coverage Ratio	1.91x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and December Cash Unrestricted Investments Total Cash	Reporting Periods) \$ 47,024 \$ 407,932 \$ 454,956
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 829,866 \$ 52,796 \$ 777,070
Daily Cash Expenses	\$ 2,129
Days Cash on Hand Ratio	214_ Days
Covenant Requirement	100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective July 30, 2013.

By: Realth Alliance

By: Lynn-Krutak

Title: Senior Vice-President CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between The Bank Of New York and Mountain States Health Alliance dated June 25, 2013, we hereby represent and warrant as follows:

Status as of:	9/30/2013
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 62,408
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items	\$ 59,811 \$ 2,192 \$ 41,609 \$ - \$ -
EBITDA	. \$ 135,723
Total Debt Service (MADS)	\$ 67,286
Debt Service Coverage Ratio	2.02x
Covenant Requirement	1.30x
Days Cash on Hand (Required with: June and December	Reporting Periods)
Cash Unrestricted Investments Total Cash	\$ - \$ -
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ -
Daily Cash Expenses	<u> </u>
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100 Days
	lief of the signer hereof, the undersigned does certify that the foregoing

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective June 25, 2013.

Mountain States Health Alliance

Ву:	Alviall Gilera
Print Name:	Marvin Eichorn
Title:	Senior Vice-President, CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between The Bank Of New York and Mountain States Health Alliance dated June 25, 2013, we hereby represent and warrant as follows:

Status as of:	9/30/2014		
<u>Debt Service Coverage</u>	Trailing 12-Month		
Excess Revenue Over Expenses	\$ 37,352		
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 51,344 \$ 1,539 \$ 42,901 \$ - \$ -		
EBITDA	\$ 133,136		
Total Debt Service (MADS)	\$ 67,252		
Debt Service Coverage Ratio	1.98x		
Covenant Requirement	1.30x		
Days Cash on Hand (Required with June and December Cash Unrestricted Investments Total Cash	Reporting Periods)		
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ - \$ -		
Daily Cash Expenses	.		
Days Cash on Hand Ratio	N/A Days		
Covenant Requirement	100 Days		

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective July 30, 2013.

By:

Print Name:

Senior Vice-President CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between The Bank of New York and Mounatin States Health Alliance dated June 25, 2013, we hereby represent and warrant as follows:

Status as of:	12/31/2013
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 13,491
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary Items 	\$ 60,683 \$ 2,028 \$ 41,619 \$ - \$ - \$ 4,622
Total Debt Service (MADS)	\$ 122,442 \$ 67,281
Debt Service Coverage Ratio Covenant Requirement	1.82x 1.30x
Days Cash on Hand (Required with June and December	
Cash Unrestricted Investments Total Cash	\$ 8,888 \$ 388,207 \$ 397,095
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 821,779 \$ 62,711 \$ 759,068
Daily Cash Expenses	\$ 2,079.64
Days Cash on Hand Ratio	191_Days
Covenant Requirement	100 Days
To the best of the knowledge and be	lief of the signer hereof, the undersigned does

Mountain States He	ealth Alliance
By:	•
Print Name:	Marvin Eichorn
Title:	Senior Vice-President, CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between The Bank Of New York and Mountain States Health Alliance dated June 25, 2013, we hereby represent and warrant as follows:

Status as of:	12/3	31/2014	ļ	_
Debt Service Coverage		Trailin	g 12-Mont	h
Excess Revenue Over E	xpenses	\$	50,906	_
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairme + Extraordinary items 	nt Losses	\$ \$ \$ \$	49,984 1,540 42,765 - -	- - - -
EBITDA		\$	145,1 <u>95</u>	-
Total Debt Service (MADS)	\$	67,240	-
Debt Service Coverage I	Ratio		2.16x	<u>:</u>
Covenant Requirement			1.30x	_
Days Cash on Hand (Required with June and I	December Rep	orting F	Periods)	\$500 No.
Cash		\$	38,810	
Unrestricted Investm	nents	\$	387,586	-
Total Cash		\$	426,396	-
Total Operating Exp (Including I less: Non Cash Exp Total Cash Expenses (TTM	nterest) enses	\$ \$	820,364 51,524 768,840	<u>.</u>
Daily Cash Expenses		\$	2,106	<u>.</u>
Days Cash on Hand Ratio			202	Days
Covenant Requirement			100	Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective July 30, 2013.

Mountain States Health Alliance

By:

Print Name:

Title:

Senior Vice-President CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between Mizuho Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	3/31/2011
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 49,107
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary Items	\$ 65,307 \$ 4,903 \$ 43,995 \$ -
EBITDA	\$ 146,827
Total Debt Service (MADS)	\$ 65,782
Debt Service Coverage Ratio	2.23x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and December I	Reporting Periods)
Unrestricted Investments Total Cash	\$ -
Total Operating Expenses (including interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ - \$.
Dally Cash Expenses	\$ ™
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100 Days
certificate is true and correct as of th	lief of the signer hereof, the undersigned does certify that the foregoing is date, and that the Borrower is in compliance with all terms and Security Agreement dated effective September 29, 2010.

lountain States H	ealth Alllance
Bv:	Mart Ela
Print Name:	Marvin Eichorn
Title:	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between Mizuho Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

<u>Debt Service Coverage</u> Trailing 12-Month
Excess Revenue Over Expenses \$ 45,004
+ Depreciation \$ 56,299 + Amortization \$ 2,242 + Interest Expense \$ 39,641 + Taxes \$ - + Non-Cash Impairment Losses \$ - + Extraordinary items
EBITDA \$ 145,463
Total Debt Service (MADS) \$ 65,742
Debt Service Coverage Ratio 2.21x
Covenant Requirement 1.30x
Days Cash on Hand (Required with June and December Reporting Periods)
Cash S - Unrestricted Investments S - Total Cash S -
Total Operating Expenses (Including Interest) \$ - less: Non Cash Expenses \$ - Total Cash Expenses (TTM) \$ -
Daily Cash Expenses \$ -
Days Cash on Hand Ratio N/A Days
Covenant Requirement 100 Days

iountain States r	M / I
Ву:	Un Inta
Print Name:	Marvin Éichorn
Title:	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between Mizuho Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of: 3	/31/2013
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 59,288
 Depreciation Amortization Interest Expense Taxes Non-Cash Impairment Losses Extraordinary items 	\$ 56,474 \$ 2,232 \$ 40,547 \$ -
EBITDA	\$ 151,385
Total Debt Service (MADS)	\$ 69,393
Debt Service Coverage Ratio	2.18x
Covenant Requirement	1.30x
<u>Days Cash on Hand</u> (Required with June and December Re	eporting Periods)
Cash Unrestricted Investments Total Cash	\$ <u>-</u> \$ <u>-</u>
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ -
Daily Cash Expenses	\$
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100 Days
certificate is true and correct as of this	of of the signer hereof, the undersigned does certify that the foregoing state, and that the Borrower is in compliance with all terms and Security Agreement dated effective September 29, 2010.

Mountain States Health Alliance

Ву:	MI 1161
Print Name:	Marvin Eichorn
Title:	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between Mizuho Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	3/31/2014
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ (7,162)
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary Items	\$ 60,678 \$ 1,859 \$ 42,191 \$ -
EBITDA	\$ 102,188
Total Debt Service (MADS)	\$ 67,267
Debt Service Coverage Ratio	1.52x
Covenant Requirement	1.30x
<u>Days Cash on Hand</u> (Required with June and December.	Reporting Periods)
Cash Unrestricted Investments Total Cash	\$ - \$ -
Total Operating Expenses (including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ - \$ -
Daily Cash Expenses	\$
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100 Days

Mountain States	s Health Alliance
By:	Muill Tisteen
Print Name:	Marvin Eichorn
Title:	Senior Vice President & CFO

Covenant Compliance Certificate

in accordance with the terms of the Letter of Credit and Security Agreement between Mizuho Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	6/30/2011
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 60,483
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 61,111 \$ 2,211 \$ 42,464 \$ -
EBITDA	\$ 151,293
Total Debt Service (MADS)	\$ 67,625
Debt Service Coverage Ratio	2.24x
Covenant Requirement	1.30x
<u>Days Cash on Hand</u> (Required with June and December	Reporting Periods)
Cash Unrestricted Investments Total Cash	\$ 86,426 \$ 284,871 \$ 371,297
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 699,129 \$ 63,322 \$ 636,807
Daily Cash Expenses	\$ 1,742
Days Cash on Hand Ratio	
Covenant Requirement	100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

By:

Print Name:

Title:

Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between Mizuho Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	6/30/2012
<u>Debt Service Coverage</u>	Trailing 12-Month
Excess Revenue Over Expenses	\$ 41,119
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items	\$ 52,865 \$ 2,233 \$ 42,009 \$ -
EBITDA	<u>\$ 146,438</u>
Total Debt Service (MADS)	\$ 65,754
Debt Service Coverage Ratio	2.23x
Covenant Requirement	1,30x
<u>Davs Cash on Hand</u> (Required with June and December	Reporting Periods)
Cash Unrestricted Investments Total Cash	\$ 38,364 \$ 329,369 \$ 367,733
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 792,215 \$ 55,098 \$ 737,117
Daily Cash Expenses	\$ 2,019
Days Cash on Hand Ratio	182_Days
Covenant Requirement	100 Days

Mountain States H	ealth Alliance
Ву:	May It Sila
Print Name:	Marvin Eichorn
Title:	Senior Vice/President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between Mizuho Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	6/30/2013		
Debt Service Coverage	Trailing 12-Month		
Excess Revenue Over Expenses	\$ 68,859		
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary Items 	\$ 58,286 \$ 2,213 \$ 41,226 \$ -		
EBITDA	\$ 151,307		
Total Debt Service (MADS)	\$ 69,360		
Debt Service Coverage Ratio	2.18x		
Covenant Requirement	1.30x		
Days Cash on Hand (Required with June and December Reporting Periods)			
Cash Unrestricted Investments Total Cash	\$ 49,266 \$ 351,725 \$ 400,991		
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 800,349 \$ 60,499 \$ 739,860		
Daily Cash Expenses	\$ 2,027		
Days Cash on Hand Ratio	198_Days		
Covenant Requirement	100 Days		

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

By: Marvin Eichorn
Title: Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between Mizuho Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	9/30/2010
<u>Debt Service Coverage</u>	Trailing 12-Month
Excess Revenue Over Expenses	\$ 42,447
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 47,707 \$ 10,205 \$ 39,725 \$ -
EBITDA	\$ 142,532
Total Debt Service (MADS)	\$ 77,187
Debt Service Coverage Ratio	1.85x
Covenant Requirement	<u>1.30x</u>
Days Cash on Hand (Required with June and December)	Reporting Periods)
Cash	\$ -
Unrestricted Investments Total Cash	\$ <u>-</u>
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ <u>-</u> \$ <u>-</u> \$ <u>-</u>
Daily Cash Expenses	<u> </u>
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100 Days

Mountain States	Health Alliance
Ву:	Munh
Print Name:	Marvin Eichorn
Title:	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between Mizuho Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	9/30/2011			
Debt Service Coverage	Trailing 12-Month			
Excess Revenue Over Expenses	\$ 50,451			
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 57,953 \$ 2,233 \$ 39,882 \$ -			
EBITDA	\$ 146,901		,	
Total Debt Service (MADS)	\$ 65,667			
Debt Service Coverage Ratio	2.24x			•
Covenant Requirement	1.30x			
<u>Days Cash on Hand</u> (Required with June and December F	Reporting Periods)			
Cash Unrestricted Investments Total Cash	\$ - \$ - \$			
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ - \$			
Dally Cash Expenses	\$	·		
Days Cash on Hand Ratio	N/A Day	ys:		
Covenant Requirement	100 Day	ys		
To the best of the knowledge and bel	ief of the signer hereof, th	ne undersigned do	es certify that	the foregoin

Mountain States	Health Alliance	
Ву: _	W/m / Enlar	
Print Name:	Marvin Eichorn	
Title:	Senior Vice President & CFO	

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between Mizuho Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	9/30/2012		
Debt Service Coverage	Trailing 12-Month		
Excess Revenue Over Expenses	\$ 50,630		•
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 56,521 \$ 2,298 \$ 40,934 \$ - \$ (2,653)		
EBITDA	\$ 148,107		
Total Debt Service (MADS)	\$ 69,270		
Debt Service Coverage Ratio	2.14x		
Covenant Requirement	1,30x		
<u>Davs Cash on Hand</u> (Required with June and December	Reporting Perlods)		
Cash Unrestricted Investments Total Cash	\$ -		
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ <u>-</u> \$ - \$ -		
Daily Cash Expenses	\$		
Days Cash on Hand Ratio	N/A Days		
Covenant Requirement	100 Days		
To the best of the knowledge and be	elief of the signer hereof, the un	dersigned does certify that the	foreg

Mountain States Health Alliance		
Ву:	Man Hanker	
Print Name:	Marvin Eichorn	
Title:	Senior Vice President & CFO	

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between Mizuho Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	9/30/2013			
Debt Service Coverage	Trailing 12-Month			
Excess Revenue Over Expens	es <u>\$ 62,408</u>			
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Loss + Extraordinary items	\$ 59,811 \$ 2,192 \$ 41,609 \$ - \$ -			
EBITDA	\$ 135,723		•	
Total Debt Service (MADS)	\$ 67,286	:	. •	
Debt Service Coverage Ratio	2.02x			
Covenant Requirement	1.30x			
Days Cash on Hand (Required with June and December	ber Reporting Periods)			
Cash Unrestricted Investments Total Cash	\$ - \$ - \$ -			
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ - \$ -			
Daily Cash Expenses	\$			
Days Cash on Hand Ratio	N/A_ [)ays		
Covenant Requirement	100 E)ays		
energy to a most a second				

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

Mountain States Health Alliance

By:

Print Name:

Marvin Eichorn

Title:

Senior Vice-President, CFO

Mountain States Health Alliance Covenant Compilance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between Mizuho Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	12/31/2010
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 43,001
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary Items	\$ 61,625 \$ 7,538 \$ 42,968 \$ -
EBITDA	\$ 140,875
Total Debt Service (MADS)	\$ 69 ,886
Debt Service Coverage Ratio	2,02x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and December Cash Unrestricted Investments Total Cash	Reporting Perlods) \$ 167,099 \$ 183,585 \$ 350,684
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 686,673 \$ 59,163 \$ 627,410
Daily Cash Expenses	\$ 1,719
Days Cash on Hand Ratio	204 Days
Covenant Requirement	100 Days
To the best of the knowledge and be	ellef of the signer hereof, the undersigned o

Aountain States H	11/1 1 27
Ву:	M/ HM M. Enlive
Print Name:	Marvin Eichorn
Title:	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between Mizuho Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of: 12/31/2011	
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 39,641
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary Items	\$ 57,427 \$ 2,268 \$ 39,479 \$ -
EBITDA	\$ 146,118 .
Total Debt Service (MADS)	\$ 65,751
Debt Service Coverage Ratio	2.22x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and December	Reporting Pariods)
Cash Unrestricted investments Total Cash	\$ 57,213 \$ 320,881 \$ 378,094
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 747,286 \$ 59,695 \$ 687,591
Daily Cash Expenses	\$ 1,884
Days Cash on Hand Ratio	201 Days
Covenant Requirement	100 Days

Mountain States He	ealth Alliance
	Mus H Golis
By:	1/1/1 Cals
Print Name:	Marvin/Eichorn
Title:	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between Mizuho Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	12/31/2012
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 64,402
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losse + Extraordinary items 	\$ 55,601 \$ 2,235 \$ 40,618 \$ -
EBITDA	\$ 153,182
Total Debt Service (MADS)	\$ 69,404
Debt Service Coverage Ratio	2.21x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and December Cash Unrestricted Investments	r Reporting Periods) \$ 48,185 \$ 335,612
Total Cash	\$ 383,797
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM) Daily Cash Expenses	\$ 794,117 \$ 57,836 \$ 736,281 \$ 2,017
Days Cash on Hand Ratio	190_Days
Covenant Requirement	100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

Mountain States Health Alliance

By:
Print Name:
Marvin Eichorn

Title:
Senior Vide President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between Mizuho Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of: 12/31/2013	
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 13,491
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary Items	\$ 4,622
Total Debt Service (MADS)	\$ 122,442 \$ 67,281
Debt Service Coverage Ratio	1.82x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and December Cash	\$ 8,888
Unrestricted Investments Total Cash	\$ 388,207 \$ 397,095
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM) Daily Cash Expenses	\$ 821,779 \$ 62,711 \$ 759,068 \$ 2,079.64
Days Cash on Hand Ratio	191 Days
Covenant Requirement	100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

By: Marvin Elchorn
Title: Senior Vice-President, CFO

Covenant Compliance Certificate

in accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	3/31/2011	
Debt Service Coverage	. Trailing 12-Month	٠
Excess Revenue Over Expenses	\$ 49,107	•
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items	\$ 65,307 \$ 4,903 \$ 43,995 \$ -	
EBITDA	<u>\$ 146,827</u>	
Total Debit Service (MADS)	\$ 65,782	
Debt Service Coverage Ratio	2.23x	
Covenant Requirement	1.30x	
<u>Days Cash on Hand</u> (Required with June and December)	Reporting Periods)	
Cash Unrestricted Investments Total Cash	\$	
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ - \$ -	
Dally Cash Expenses	\$ -	
Days Cash on Hand Ratio	N/A Days	
Covenant Requirement	100 Days	
certificate is true and correct as of th	lef of the signer hereof, the undersigned does certify that the forego is date, and that the Borrower is in compliance with all terms and Security Agreement dated effective September 29, 2010.	ing

Mountain States H	ealth Alilance
By:	Mars Enter
Print Name:	Maryin Elchorn
Tille:	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as or.	313112012	
Debt Service Coverage	Trailir	ng 12-Month
Excess Revenue Over Expenses	\$	45,004
+ Depreciation	\$	56,299
+ Amortization	\$	2,242
+ Interest Expense		39,641
+ Taxes	\$	
+ Non-Cash Impairment Losses	\$	
+ Extraordinary items		
EBITDA	\$	145,463
Total Debt Service (MADS)	_\$	65,742
Debt Service Coverage Ratio		2.21x
Covenant Requirement		1.30x
<u>Days Cash on Hand</u> (Required with June and December Ri	eporting l	Periods)
Cash	\$	•
Unrestricted Investments	\$.	
Total Cash	\$	-
Total Operating Expenses (Including Interest)	\$	-
less: Non Cash Expenses	\$	-
Total Cash Expenses (TTM)	\$	=
Daily Cash Expenses	\$	
Days Cash on Hand Ratio		N/A Days
Covenant Requirement	-	100 Days

Mountain States Health Alliance		
By:	Mun H Enla	
Print Name:	Marvin Eichorn	
Title:	Senior Vice President & CFO	

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	3/31/2013	
Debt Service Coverage	Trailing 12-Month	
	Hailing 12-Month	
Excess Revenue Over Expenses	\$ 59,288	
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary Items 	\$ 56,474 \$ 2,232 \$ 40,547 \$ -	
EBITDA	<u>\$ 151,385</u>	
Total Debt Service (MADS)	\$ 69,393	
Debt Service Coverage Ratio	2.18x	
Covenant Requirement	1.30x	
<u>Days Cash on Hand</u> (Required with June and Decembe	Reporting Periods)	
Cash Unrestricted Investments Total Cash	\$ - \$ -	
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ - \$ -	
Daily Cash Expenses	<u> </u>	
Days Cash on Hand Ratio	N/A Days	
Covenant Requirement	100_Days	
certificate is true and correct as of	elief of the signer hereof, the undersigned does certify that the foregonis date, and that the Borrower is in compliance with all terms and it security Agreement dated effective September 29, 2010.	oing

Mountain States Health Alliance

Ву:	Marvin Eichorn
Print Name:	Maryin Eichórn
Title:	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

3/31/2014

Status as of:

Oldius as of.	311Z0 [T
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ (7,162)
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 60,678 \$ 1,859 \$ 42,191 \$ - \$ 4,622
EBITDA	\$ 102,188
Total Debt Service (MADS)	\$ 67,267
Debt Service Coverage Ratio	1.52x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and December Re	porting Periods)
Cash Unrestricted Investments Total Cash	\$ - \$ -
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ - •\$ -
Daily Cash Expenses	<u>\$</u>
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100 Days
certificate is true and correct as of this	f of the signer hereof, the undersigned does certify that the foregole date, and that the Borrower is in compliance with all terms and accurity Agreement dated effective September 29, 2010.

ountain States F	Tealth Alliance
Ву:	To functi Intera
Print Name:	Marvin Eichorn
Title:	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of:	3/31/2015		
<u>Debt Service Coverage</u>	Trailing 12-Month		
Excess Revenue Over Expenses	\$ 23,297		
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 48,742 \$ 1,149 \$ 43,382 \$ - \$ 4,622		
EBITDA	\$ 121,192		
Total Debt Service (MADS)	\$ 67,246		
Debt Service Coverage Ratio	1.80x		
Covenant Requirement	1.30x		
Days Cash on Hand (Required with June and December Reporting Periods)			
Cash Unrestricted investments Total Cash	\$ - \$ - \$ -		
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ - \$ -		
Daily Cash Expenses	\$ -		
Days Cash on Hand Ratio	N/A Days		
Covenant Requirement	100 Days		

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

By:
Print Name:
Lynn Krutak
Title:
Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	6/30/2011		
Debt Service Coverage	Trailing 12-Month		
Excess Revenue Over Expenses	\$ 60,483		
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 61,111 \$ 2,211 \$ 42,464 \$ -		
EBITDA	\$ 151,293		
Total Debt Service (MADS)	\$ 67,625		
Debt Service Coverage Ratio	2.24x		
Covenant Requirement	1.30x		
Days Cash on Hand (Required with June and December Reporting Periods)			
Cash Unrestricted Investments Total Cash	\$ 86,426 \$ 284,871 \$ 371,297		
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 699,129 \$ 63,322 \$ 635,807		
Dally Cash Expenses	\$ 1,742		
Days Cash on Hand Ratio	213_ Days		
Covenant Requirement	<u>100</u> Days		

01-1-----

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

By:
Print Name:
Title:
Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:		6/30/2012	<u> </u>	
Debt Service Coverage		Trailing	12-Month	
Excess Revenue Over E	xpenses	\$	41,119	
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairme + Extraordinary Items 	nt Losses	\$ \$ \$ \$	52,865 2,233 42,009	
EBITDA		\$	146,438	
Total Debt Service (MADS)	_\$	65,754	
Debt Service Coverage I	Ratio		2,23x	
Covenant Requirement			1.30x	
<u>Days Cash on Hand</u> (Required with June and I	December F	Reporting Pe	eriods)	
Cash Unrestricted Investr Total Cash	nents	\$ \$	38,364 329,369 367,733	
Total Operating Exp (Including I less: Non Cash Exp Total Cash Expenses (TTM	nterest) enses	\$	792,216 55,098 737,117	
Daily Cash Expenses		\$	2,019	
Days Cash on Hand Ratio			182	Days
Covenant Requirement			100	Days

Mountain States	
By:	Mllu H mln
Print Name:	Magvin Elchorn
Title:	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	6/30/2013		
Debt Service Coverage	Trailing 12-Month		
Excess Revenue Over Expenses	\$ 68,859		
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary Items 	\$ 58,286 \$ 2,213 \$ 41,226 \$ -		
EBITDA	\$ 151,307		
Total Debt Service (MADS)	\$ 69,360		
Debt Service Coverage Ratio	2.18x		
Covenant Requirement	1.30x		
Days Cash on Hand (Required with June and December Reporting Periods)			
Cash Unrestricted Investments Total Cash	\$ 49,266 \$ 351,725 \$ 400,991		
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 800,349 \$ 60,499 \$ 739,850		
Daily Cash Expenses	\$ 2,027		
Days Cash on Hand Ratio	198_Days		
Covenant Requirement	100 Days		

Mountain States Health Alliance		
Dur	May It Sale	
DУ.	Jun o cou	
Print Name:	Man/in Eichorn	
Title:	Senior Vice President & CFO	

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of:	6/30/2014
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 15,340
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 52,544 \$ 1,691 \$ 42,734 \$ - \$ 4,622
EBITDA	\$ 116,931
Total Debt Service (MADS)	\$ 67,257
Debt Service Coverage Ratio	1.74x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and December I	Reporting Periods)
Cash Unrestricted Investments Total Cash	\$ 27,419 \$ 395,346 \$ 422,765
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 825,612 \$ 54,235 \$ 771,377
Daily Cash Expenses	\$ 2,113
Days Cash on Hand Ratio	200 Days
Covenant Requirement	100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

Mountain States Health Alliance

By: Lynn Krutak

Title: Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of:	6/30/2015		
Debt Service Coverage	Trailing 12-Month		
Excess Revenue Over Expenses	\$ 33,771		
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 51,308 \$ 1,488 \$ 41,598 \$ - \$ -		
EBITDA	\$ 128,165		
Total Debt Service (MADS)	\$ 67,254		
Debt Service Coverage Ratio	1.91x		
Covenant Requirement	1.30x		
Days Cash on Hand (Required with June and December I	Reporting Periods)		
Cash Unrestricted Investments Total Cash	\$ 47,024 \$ 407,932 \$ 454,956		
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 829,866 \$ 52,796 \$ 777,070		
Daily Cash Expenses	\$ 2,129		
Days Cash on Hand Ratio	214_ Days		
Covenant Requirement	100 Days		

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

By: Lynn Krutak

Print Name: Lynn Krutak

Title: Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	9/30/2010
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 42,447
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 47,707 \$ 10,205 \$ 39,725 \$ -
EBITDA	\$ 142,532
Total Debt Service (MADS)	\$ 77,187
Debt Service Coverage Ratio	1.85x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and December	Reporting Periods)
Cash	\$
Unrestricted Investments	\$
Total Cash	\$
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ -
Daily Cash Expenses	<u> </u>
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100 Days
	Control of the column of the constant

ountain States i	Manufacture (MM) of C.
Ву:	May Luly
Print Name:	Marvin Ejchorn
Title:	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	9/30/2011	
Debt Service Coverage	Trailing 12-Month	
Excess Revenue Over Expenses	\$ 50,451	
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 57,953 \$ 2,233 \$ 39,882 \$ -	
EBITDA	\$ 146,901	
Total Debt Service (MADS)	\$ 65,667	
Debt Service Coverage Ratio	2.24x	
Covenant Requirement	1.30x	
<u>Days Cash on Hand</u> (Required with June and December	Seporting Periods)	
Cash Unrestricted Investments Total Cash	\$ - \$ - \$	
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ - \$ -	
Daily Cash Expenses	\$	
Days Cash on Hand Ratio	N/A Days	
Covenant Requirement	100 Days	
To the best of the knowledge and be	ief of the signer hereof, the undersigned does certify that the foreg	oİr

ountain States i	1earth Alliance		
Ву:	Mlla Trela		
Print Name:	Márvin Elchorn		
Title:	Senior Vice President & CFO		

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alilance dated September 29, 2010, we hereby represent and warrant as follows:

9/30/2012

Status as of:

Debt Service Coverage	
	Trailing 12-Month
Excess Revenue Over Expenses	\$ 50,630
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items	\$ 56,521 \$ 2,298 \$ 40,934 \$ - \$ - \$ (2,553)
EBITDA	\$ 148,107
Total Debt Service (MADS)	\$ 69,270
Debt Service Coverage Ratio	2.14x
Covenant Requirement	1.30x
<u>Days Cash on Hand</u> (Required with June and December Rep	porting Periods)
Cash Unrestricted Investments Total Cash	\$ - \$ -
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ <u>-</u> \$ <u>-</u>
Daily Cash Expenses	\$ -
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100 Days
	of the signer hereof, the undersigned does certify that date, and that the Borrower is in compliance with all ten

the foregoing ms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

Nountain States He	ealth Alliance
Ву:	Illa A Zake
Print Name:	Marvin Eichorn
Title:	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	9/30/2013
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 62,408
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary Items 	\$ 59,811 \$ 2,192 \$ 41,609 \$ - \$ -
EBITDA	\$ 1 3 6,723
Total Debt Service (MADS)	\$ 6 7,286
Debt Service Coverage Ratio	2.02x
Covenant Requirement	1.30x
Days Cash on Hand Required with June and December I	Reporting Periods)
Cash Unrestricted Investments · Total Cash	\$ - \$ - \$
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ -
Daily Cash Expenses	\$
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

Mountain States Health Alliance

By:	Allin 11 G.1
Print Name:	Maryn Eichom
Title:	Senior Vice-President, CFO

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between PNC Bank and Mountain States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of:	9/30/2014		
<u>Debt Service Coverage</u>		Trailing	12-Month
Excess Revenue Over Ex	rpenses	\$	37,352
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairmen + Extraordinary items	nt Losses	\$ \$ \$	51,344 1,539 42,901
EBITDA		\$	133,136
Total Debt Service (I	MADS)	\$	67,252
Debt Service Coverage F	atio		1.98x
Covenant Requirement		<u></u>	1.30x
Days Cash on Hand (Required with June and D Cash Unrestricted Investm		orting Pe	eriods)
Total Operating Expe (Including Ir less: Non Cash Expe Total Cash Expenses (TTM)	iterest) nses	\$ \$	<u>-</u>
Daily Cash Expenses		\$	-
Days Cash on Hand Ratio			N/A Days
Covenant Requirement			100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective July 30, 2013.

By:
Print Name:
Title:
Senior Vice-President CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	12/31/2010
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 43,001
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary Items	\$ 51,625 \$ 7,538 \$ 42,968 \$ -
EBITDA	\$ 140,875
Total Debt Service (MADS)	\$ 69,886
Debt Service Coverage Ratio	2.02x
Covenant Requirement	1.30x
<u>Days Cash on Hand</u> (Regulred with June and December	Reporting Periods)
Cash Unrestricted investments Total Cash	\$ 167,099 \$ 183,585 \$ 350,684
Total Operating Expenses (including interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 686,573 \$ 59,163 \$ 627,410
Daily Cash Expenses	\$ 1,719
Days Cash on Hand Ratio	
Covenant Requirement	100 Days

Mountain States	Health Alliance
By:	Mas 4. Enles
Print Name:	Maryin Elchorn
Tille: _	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	12/31/2011	
Debt Service Coverage	Trailing 12-Month	•
Excess Revenue Over Expenses	\$ 39,641	
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary Items	\$ 57,427 \$ 2,268 \$ 39,479 \$ -	
EBITDA	\$ 146,118	
Total Debt Sérvice (MADS)	\$ 65,751	
Debt Service Coverage Ratio	2.22x	,
Covenant Requirement	1.30x	
Days Cash on Hand (Required with June and December Cash	Reporting Periods)	
Unrestricted Investments Total Cash	\$ 320,881 \$ 378,094	
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 747,286 \$ 59,895 \$ 687,691	
Daily Cash Expenses	\$ 1,884	
Days Cash on Hand Ratio	201 Days	·
Covenant Requirement	100`Days	

Mountain States F	
	Mar H Euli
Ву:	TUV OF LUIL
Print Name:	Márvin Elchorn
Title:	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	12	2/31/ 2 012		
Debt Service Coverage		Trailín	g 12-Month	1
Excess Revenue Over Ex	kpenses	\$	64,402	ı
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairme + Extraordinary items 	nt Losses	\$ \$ \$ \$	55,601 2,235 40,618	
EBITDA		\$	153,182	
Total Debt Service (I	MADS)	\$	69,404	
Debt Service Coverage F	Ratio		2.21x	,
Covenant Requirement			1.30x	
Days Cash on Hand (Required with June and D	December Re	eporting F	Periods)	
Cash Unrestricted Investm	ients	\$	48,185 335,612	•
Total Cash		\$	383,797	•
Total Operating Exp (Including II less: Non Cash Exp Total Cash Expenses (TTM)	nterest) enses	\$ \$ \$	794,117 57,836 736,281 2,017	· ·
Days Cash on Hand Ratio			190	Days
Covenant Requirement			100	Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

By:
Print Name:
Marvin Eichorn
Title:
Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of:	12/31/2013	
Debt Service Coverage	Trailing 12-Month	
Excess Revenue Over Expenses	\$ 13,491	
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 60,683 \$ 2,028 \$ 41,619 \$ - \$ - \$ 4,622	
EBITDA	\$ 122,442	
Total Debt Service (MADS)	\$ 67,281	
Debt Service Coverage Ratio	1.82x	
Covenant Requirement	1.30x	
Days Cash on Hand (Required with June and December	Reporting Periods)	
Cash	\$ 8,888	
Unrestricted investments	\$ 388,207	
Total Cash	\$ 397,095	
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 821,779 \$ 62,711 \$ 759,068	
Dally Cash Expenses	\$ 2,079.64	
Days Cash on Hand Ratio	191_[Days
Covenant Requirement	100_ [Days
	is date, and that the Bo	, the undersigned does certify that the foreg rrower is in compliance with all terms and ted effective July 30, 2013.

Mountain States Health Alliance

Print Name: Senior Vice-President, CFO Title:

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between PNC Bank and Mounatin States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of:	12/31/2014			~
Debt Service Coverage		Traili	ng 12-Mont	h
Excess Revenue Over Ex	(penses	\$	50,906	_
+ Depreciation		\$	49,984	
+ Amortization		\$	1,540	_
+ Interest Expense		\$	42,765	_
+ Taxes		\$	-	_
+ Non-Cash Impairmer+ Extraordinary items	nt Losses	\$ \$		-
EBITDA		\$	145,195	-
Total Debt Service (N	//ADS)	\$	67,240	
Debt Service Coverage R	atio		2.16x	<u>.</u>
Covenant Requirement		3	1.30x	<u>.</u>
<u>Days Cash on Hand</u> (Required with June and D	ecember Rep	orting I	Periods)	e de la companya de l
Cash		\$	38,810	
Unrestricted Investment	ents	\$	387,586	-
Total Cash		\$	426,396	-
Total Operating Expe		\$	820,364	
less: Non Cash Expe		\$	51,524	-
Total Cash Expenses (TTM)	11000	\$	768,840	- -
Daily Cash Expenses		\$	2,106	
Days Cash on Hand Ratio			202	Days
Covenant Requirement			100	Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

By: Lynn Krutak

Title: Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between SunTrust Bank and Mounatin States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of:	3/31/2014
Debt Service Coverage	Trailing 12-Month
	Hainig 12-worth
Excess Revenue Over Expenses	\$ (7,162)
 Depreciation Amortization Interest Expense Taxes Non-Cash Impairment Losses Extraordinary Items 	\$ 60,678 \$ 1,859 \$ 42,191 \$ - \$ - \$ 4,622
EBITDA	\$ 102,188
Total Debt Service (MADS)	\$ 67,267
Debt Service Coverage Ratio	1.52x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and December F	Reporting Periods)
Cash	\$
Unrestricted Investments Total Cash	\$
Total Operating Expenses	
(Including Interest) less: Non Cash Expenses	\$ <u>-</u>
Total Cash Expenses (TTM)	\$
Daily Cash Expenses	\$ -
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100 Days
To the heat of the knowledge and hai	iaf of the cianer horoof the undersigned does portif

lountain States	Health Alliance William & Finless
By:_	- P J Hall Intella
Print Name:	Marvin Eichorn
Title; _	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between SunTrust Bank and Mounatin States Health Aliiance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of:3	3/31/2015		
Debt Service Coverage	Trailin	g 12-Monti	n
Excess Revenue Over Expenses	\$	23,297	-
+ Depreciation+ Amortization+ Interest Expense	\$ \$ \$	48,742 1,149 43,382	- -
+ Taxes+ Non-Cash Impairment Losses+ Extraordinary items	\$ \$	4,622	- -
EBITDA	\$	121,192	
Total Debt Service (MADS)	\$	67,246	
Debt Service Coverage Ratio	-	1.80x	
Covenant Requirement		1.30x	
Days Cash on Hand (Required with June and December Re	eporting F	eriods)	
Cash	\$		
Unrestricted Investments Total Cash	\$ \$	-	•
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ \$ \$		
Daily Cash Expenses	\$		
Days Cash on Hand Ratio		N/A	Days
Covenant Requirement		100	Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective July 30, 2013.

By: Lynn Krutak
Title: Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between SunTrust Bank and Mounatin States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of:	6/30/2014
<u>Debt Service Coverage</u>	Trailing 12-Month
Excess Revenue Over Expenses	\$ 15,340
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items	\$ 52,544 \$ 1,691 \$ 42,734 \$ - \$ 4,622 \$ 116,931
Total Debt Service (MADS)	\$ 67,257
Debt Service Coverage Ratio	1.74x
Covenant Requirement	1.30x
<u>Days Cash on Hand</u> (Required with June and December	Reporting Periods)
Cash Unrestricted Investments Total Cash	\$ 27,419 \$ 395,346 \$ 422,765
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM) Daily Cash Expenses	\$ 825,612 \$ 54,235 \$ 771,377 \$ 2,113
Days Cash on Hand Ratio	200_ Days
Covenant Requirement	100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

By: Lynn Krutak

Title: Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between SunTrust Bank and Mounatin States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of:	6/30/2015			
Debt Service Coverage		Trailir	ng 12-Month	1
Excess Revenue Over E	kpenses	\$	33,771	
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairme + Extraordinary items 	nt Losses	* * *	51,308 1,488 41,598	
EBITDA		\$	128,165	
Total Debt Service (I	MADS)	\$	67,254	
Debt Service Coverage F	latio	***************************************	1.91x	
Covenant Requirement,			1.30x	
Days Cash on Hand (Required with June and D	ecember Repo	orting F	Periods)	
Cash Unrestricted Investm Total Cash	ents	\$ \$ \$	47,024 407,932 454,956	
Total Operating Expe (Including In less: Non Cash Expe Total Cash Expenses (TTM)	terest)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	829,866 52,796 777,070	·
Daily Cash Expenses		\$	2,129	
Days Cash on Hand Ratio		P	214	Days
Covenant Requirement			100	Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective July 30, 2013.

Mountain States Health Alliance

By: Lynn Krutak

Title: Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between SunTrust Bank and Mounatin States Health Alliance dated July 29, 2013, we hereby represent and warrant as follows:

Status as of:	9/30/2013	
Debt Service Coverage	Trailing 12-Month	
Excess Revenue Over Expenses	\$ 62,408	
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items	\$ 59,811 \$ 2,192 \$ 41,609 \$ - \$ -	٠
EBITDA	\$ 135,723	
Total Debt Service (MADS)	\$ 67,286	
Debt Service Coverage Ratio	2.02x	
Covenant Requirement	1.30x	
Days Cash on Hand (Required with June and December I	teporting Periods)语	
Cash Unrestricted investments Total Cash	\$ <u>-</u> \$ <u>-</u> \$ <u>-</u>	
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ <u>-</u> \$ <u>-</u> \$ <u>-</u>	
Daily Cash Expenses	<u>\$</u>	
Days Cash on Hand Ratio	N/A Days	
Covenant Requirement	100 Days	
The state to a state of the attendance and to the		

ountain States He		
Ву:	Muint Gilson	
Print Name:	Marvin Eichom	_
Title:	Senior Vice-President, CFO	_

Covenant Compliance Certificate

In accordance with the terms of the Loan Agreement between SunTrust Bank and Mountain States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of:	9/30/2014
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 37,352
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 51,344 \$ 1,539 \$ 42,901 \$ - \$ -
EBITDA	\$ 133,136
Total Debt Service (MADS)	\$ 67,252
Debt Service Coverage Ratio	1.98x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and December Cash Unrestricted Investments Total Cash	Reporting Periods) \$ - \$ - \$ -
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ -
Daily Cash Expenses	\$
Days Cash on Hand Ratio	N/A Days
Covenant Requirement	100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective July 30, 2013.

By: Lynn Krutak
Title: Senior Vice-President CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between SunTrust Bank and Mounatin States Health Alliance dated July 30, 2013, we hereby represent and warrant as follows:

Status as of: 12	2/31/2013
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 13,491
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 60,683 \$ 2,028 \$ 41,619 \$ - \$ 4,622
EBITDA	\$ 122,442
Total Debt Service (MADS)	\$ 67,281
Debt Service Coverage Ratio	1.82x
Covenant Requirement	1.30x
Days Cash on Hand (Required with June and December Re	porting Reriods)
Cash Unrestricted Investments Total Cash	\$ 8,888 \$ 388,207 \$ 397,095
Total Operating Expenses (Including interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 821,779 \$ 62,711 \$ 759,068
Daily Cash Expenses	\$ 2,079.64
Days Cash on Hand Ratio	191 Days
Covenant Requirement	100 Days
certificate is true and correct as of this	of of the signer hereof, the undersigned does certify that the date, and that the Borrower is in compliance with all terms recurity Agreement dated effective July 30, 2013.

ıg conditions of the Letter of Credit and Security Agreement dated effective July 30, 2013.

Mountain States Health Alliance					
By:	Alfund Intern				
Print Name:	Mårvin Eichorn				
Title:	Senior Vice-President, CFO				

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between US Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	3/31/2011
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 49,107
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary Items 	\$ 55,307 \$ 4,903 \$ 43,995 \$ -
EBITDA	\$ 146,82 7
Total Debt Service (MADS)	\$ 65,782
Debt Service Coverage Ratio	2.23x
Covenant Requirement	1.30x
<u>Days Cash on Hand</u> (Required with June and December I	eporting Periods)
Cash Unrestricted investments Total Cash	\$ - \$ - \$
Total Operating Expenses (including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ \$
Dally Cash Expenses	<u>\$</u>
Days Cash on Hand Ratto	N/A Days
Covenant Requirement	100 Days
To the best of the knowledge and be	ef of the signer hereof, the undersigned does certify that the foreg

· Bv:	Wan A Estin
Print Name:	Marvin Elchorn
Title:	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between US Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	3/31/2012	_
Debt Service Coverage	Trailing 12-Mont	h
Excess Revenue Over Expe	enses \$ 45,004	_
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment L + Extraordinary items 	\$ 56,299 \$ 2,242 \$ 39,641 \$ -	
EBITDA	\$ 145,463	-
Total Debt Service (MAI	DS) <u>\$ 65,742</u>	-
Debt Service Coverage Rati	0 2.21)	<u> </u>
Covenant Requirement	1.30	<u>.</u>
<u>Days Cash on Hand</u> (Required with June and Dec	ember Reporting Periods)	
Cash Unrestricted Investment Total Cash	\$ - \$ - \$ -	<u>-</u> -
Total Operating Expens (Including Inter less: Non Cash Expense Total Cash Expenses (TTM)	est)	
Daily Cash Expenses	\$ -	-
Days Cash on Hand Ratio	N/A	<u> </u>
Covenant Requirement	· <u>,</u> 100	Days

ountain States Health Alliance				
By:	Just Inle			
Print Name:	Ma∕rvin Eichorn			
Title:	Senior Vice President & CFO			

[QUARTERLY/ANNUAL] COMPLIANCE CERTIFICATE

U.S. Bank National Association 1349 W. Peachtree St. NW, Ste. 1050 Atlanta, Georgia 30309 Attention: Vice President, National Healthcare Division 404.898.8898 (FAX)

U.S. Bank National Association
One U.S. Bank Plaza
7th Street & Washington Avenue, SL-MO-T12M
St. Louis, Missouri 63101
Attention: Capital Markets Division
(314) 418-3571 (FAX)

Ladies and Gentlemen:

Reference is hereby made to that certain Reimbursement Agreement dated as of June 29, 2012 (the "Reimbursement Agreement"), by and between Mountain States Health Alliance (together with any other Members of the Obligated Group, as defined in the Reimbursement Agreement, the "Corporation") and U.S. Bank National Association (the "Bank"), as the same may from time to time be amended, modified, extended, renewed or restated. All capitalized terms used and not otherwise defined herein shall have the respective meanings ascribed to them in the Reimbursement Agreement.

The Borrower hereby certifies to the Bank that as of the date hereof:

(a) a review of the activities of the Borrower has been made under my supervision with a view to determining whether the Borrower has fulfilled all of its obligations under the Reimbursement Agreement and the other Credit Documents;
(b) except as set forth below, the Borrower has fulfilled its obligations under the Credit

Documents and a	all representations r	nade therein cont	inue to be true a	nd correct in all m	aterial respects;
Exceptions:					
	(c) except as set for Agreement has occ			under or within t	he meaning of the
Exceptions:					
			***************************************		*
					<u> </u>

(d) the financial statements of the Borrower delivered to you with this Certificate are true, correct and complete in all material respects and have been prepared in accordance with accounting principles generally accepted in the United States of America or, in the case of any interim financial

statements, on a basis substantially consistent with the audited financial statements (subject, in the case of any interim financial statements, to normal year-end adjustments and absence of footnote disclosures);

(e) Schedule I to this Certificate contains computations evidencing the Borrower's compliance with the financial covenants set forth in Section 4.22 of the Reimbursement Agreement as of and for the period ending March 31, 2013, in each case calculated for the requested periods and in accordance with the requirements of the Reimbursement Agreement and the Master Indenture; and

(f) any other financial or other details, information and material as you have requested to evidence such compliance delivered herewith are true and correct.

Name:

Very truly yours,

MOUNTAIN STATES HEALTH ALLIANCE

Title: Senior Vice Preside

Compliance Certificate - Schedule I For the Period Ended 3/31/2013

Section 4.22 - Financial Covenants

(a) Debt Service Coverage		Trailing 12-Month	
Excess Revenue Over Expenses Plus:	\$	59,288	
Depreciation and amortization	\$	58,706	
Interest Expense	\$	40,547	
Unrealized losses (gains)	\$	(7,157)	
Extraordinary expenses	\$ \$ \$	-	
(LOC fees included in interest expense)	\$	(5,351)	
(Interest on Trusteed Funds)	\$	(641)	
Net Income Available for Debt Service	_\$	145,392	
Maximum Annual Debt Service on all Outstanding Indebtedness	_\$	69,393	
Debt Service Coverage Calculated		2.10x	
Debt Service Coverage Required		1.30x	
(b) Liquidity Covenant (Required with June and December Reporting Periods)			
Unrestricted Cash and Investments	\$	 _	
Operating Expenses Less:	\$	-	
Depreciation and Amortization	\$	-	
Other excluded expenses	\$	-	
Total Cash Expenses (TTM)	\$	_	
Day of Cash Operating Expenses	\$	-	
Days Cash on Hand Calculated		N/A Days	
Minimum Days Cash on Hand Required		100 Days	

[OUARTERLY/ANNUAL] COMPLIANCE CERTIFICATE

U.S. Bank National Association 1349 W. Peachtree St. NW, Ste. 1050 Atlanta, Georgia 30309 Attention: Vice President, National Healthcare Division 404.898.8898 (FAX)

U.S. Bank National Association
One U.S. Bank Plaza
7th Street & Washington Avenue, SL-MO-T12M
St. Louis, Missouri 63101
Attention: Capital Markets Division
(314) 418-3571 (FAX)

Ladies and Gentlemen:

Reference is hereby made to that certain Reimbursement Agreement dated as of June 29, 2012 (the "Reimbursement Agreement"), by and between Mountain States Health Alliance (together with any other Members of the Obligated Group, as defined in the Reimbursement Agreement, the "Corporation") and U.S. Bank National Association (the "Bank"), as the same may from time to time be amended, modified, extended, renewed or restated. All capitalized terms used and not otherwise defined herein shall have the respective meanings ascribed to them in the Reimbursement Agreement.

The Borrower hereby certifies to the Bank that as of the date hereof:

(a) a review of the activities of the Borrower has been made under my supervision with a
view to determining whether the Borrower has fulfilled all of its obligations under the Reimbursement
Agreement and the other Credit Documents;

Documents a	(b) except as set forth below, the Borrower has fulfilled its obligations under t and all representations made therein continue to be true and correct in all material res	
Exceptions:		-
Reimbursem	(c) except as set forth below, no Event of Default under or within the meaning tent Agreement has occurred and continuing:	ing of the
Exceptions:		
		•

(d) the financial statements of the Borrower delivered to you with this Certificate are true, correct and complete in all material respects and have been prepared in accordance with accounting principles generally accepted in the United States of America or, in the case of any interim financial

statements, on a basis substantially consistent with the audited financial statements (subject, in the case of any interim financial statements, to normal year-end adjustments and absence of footnote disciosures);

- (e) Schedule I to this Certificate contains computations evidencing the Borrower's compliance with the financial covenants set forth in Section 4.22 of the Reimbursement Agreement as of and for the period ending Mark 31, 2014, in each case calculated for the requested periods and in accordance with the requirements of the Reimbursement Agreement and the Master Indenture; and
- (f) any other financial or other details, information and material as you have requested to evidence such compliance delivered herewith are true and correct.

Name:

Very truly yours,

MOUNTAIN STATES HEALTH ALLIANCE

F-2

Compliance Certificate - Schedule I For the Period Ended 3/31/14

Section 4.22 - Financial Covenants

(a) Debt Service Coverage	Trailin	g 12-Month
Excess Revenue Over Expenses Plus:	\$	29,567
Depreciation and amortization	\$	62,537
Interest Expense	\$	42,191
Unrealized losses (gains)	\$	(36,729)
Extraordinary expenses	\$ \$ \$	4,622
(LOC fees included in interest expense)	\$	(3,314)
(Interest on Trusteed Funds)	\$	(869)
Net Income Available for Debt Service	\$	98,005
Maximum Annual Debt Service on all Outstanding Indebtedness	\$	67,267
Debt Service Coverage Calculated		1.46x
Debt Service Coverage Required		1.30x
(b) Liquidity Covenant (Required with June and December Reporting Periods)		galaten (h. 1872) Bantun alau bant
Unrestricted Cash and Investments	_\$	
Operating Expenses Less:	\$	
Depreciation and Amortization	\$	-
Other excluded expenses	\$	
Total Cash Expenses (TTM)	\$	-
Day of Cash Operating Expenses	\$	W
Days Cash on Hand Calculated		N/A Days
Minimum Days Cash on Hand Required		100_ Days

[QUARTERLY/ANNUAL] COMPLIANCE CERTIFICATE

U.S. Bank National Association 1349 W. Peachtree St. NW, Ste. 1050 Atlanta, Georgia 30309 Attention: Vice President, National Healthcare Division 404.898.8898 (FAX)

U.S. Bank National Association
One U.S. Bank Plaza
7th Street & Washington Avenue, SL-MO-T12M
St. Louis, Missouri 63101
Attention: Capital Markets Division
(314) 418-3571 (FAX)

Ladies and Gentlemen:

Reference is hereby made to that certain Reimbursement Agreement dated as of June 29, 2012 (the "Reimbursement Agreement"), by and between Mountain States Health Alliance (together with any other Members of the Obligated Group, as defined in the Reimbursement Agreement, the "Corporation") and U.S. Bank National Association (the "Bank"), as the same may from time to time be amended, modified, extended, renewed or restated. All capitalized terms used and not otherwise defined herein shall have the respective meanings ascribed to them in the Reimbursement Agreement.

The Borrower hereby certifies to the Bank that as of the date hereof:

(a) a review of the activities of the Borrower has been made under my supervision with a
view to determining whether the Borrower has fulfilled all of its obligations under the Reimbursement
Agreement and the other Credit Documents;

Documents:	 (b) except as set forth below, the Borrower has fulfilled its obligations under the Creatand all representations made therein continue to be true and correct in all material respects; 	lit
Exceptions:		-
		-
Reimbursem	(c) except as set forth below, no Event of Default under or within the meaning of the tent Agreement has occurred and continuing:	10
Exceptions:		_
		-
		3

(d) the financial statements of the Borrower delivered to you with this Certificate are true, correct and complete in all material respects and have been prepared in accordance with accounting principles generally accepted in the United States of America or, in the case of any interim financial

statements, on a basis substantially consistent with the audited financial statements (subject, in the case of any interim financial statements, to normal year-end adjustments and absence of footnote disclosures);

- (e) Schedule I to this Certificate contains computations evidencing the Borrower's compliance with the financial covenants set forth in Section 4.22 of the Reimbursement Agreement as of and for the period ending March 31, 2015 in each case calculated for the requested periods and in accordance with the requirements of the Reimbursement Agreement and the Master Indenture; and
- (f) any other financial or other details, information and material as you have requested to evidence such compliance delivered herewith are true and correct.

Very truly yours,

MOUNTAIN STATES HEALTH ALLIANCE

Compliance Certificate - Schedule I For the Period Ended 3/31/2015

Section 4.22 - Financial Covenants

(a) Debt Service Coverage	Trailir	ng 12-Month
Excess Revenue Over Expenses Plus:	\$	24,015
Depreciation and amortization	\$	49,891
Interest Expense	\$	43,382
Unrealized losses (gains)	\$	(718)
Extraordinary expenses	\$	4,622
(LOC fees included in interest expense)	\$	(2,214)
(Interest on Trusteed Funds)	\$	(381)
(interest on Trusteed Funds)	Ψ	(301)
Net Income Available for Debt Service	\$	118,597
Maximum Annual Debt Service on all Outstanding Indebtedness	\$	67,246
Debt Service Coverage Calculated		1.76x
Debt Service Coverage Required		1.30x
(b) Liquidity Covenant (Required with June and December Reporting Periods)		
Unrestricted Cash and Investments	\$	
Operating Expenses Less:	\$	
Depreciation and Amortization	\$	_
Other excluded expenses	\$	_
Total Cash Expenses (TTM)	\$	
Total Susti Experiess (Trill)	•	
Day of Cash Operating Expenses	_\$	
Days Cash on Hand Calculated		N/A_Days
Minimum Days Cash on Hand Required		100_ Days

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between US Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	6/30/2011
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 60,483
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary Items 	\$ 61,111 \$ 2,211 \$ 42,464 \$ - \$ -
EBITDA	\$ 151,293
Total Debt Service (MADS)	\$ 67,625
Debt Service Coverage Ratio	2.24x
Covenant Requirement	1.30x
<u>Days Cash on Hand</u> (Required with June and December	Reporting Periods)
Cash Unrestricted Investments Total Cash	\$ 86,426 \$ 284,871 \$ 371,297
Total Operating Expenses (including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 699,129 \$ 63,322 \$ 635,807
Daily Cash Expenses	\$ 1,742
Days Cash on Hand Ratio	213 Days
Covenant Requirement	100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

By:
Print Name:
Marvin Eichorn
Title:
Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between US Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	6/30/2012			
Debt Service Coverage	Trailing 12-Month			
Excess Revenue Over Expenses	\$ 41,119			
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items	\$ 52,865 \$ 2,233 \$ 42,009 \$ -			
EBITDA	\$ 146,438			
Total Debt Service (MADS)	\$ 65,754			
Debt Service Coverage Ratio	2.23x			
Covenant Requirement	1.30x			
<u>Days Cash on Hand</u> (Required with June and December	Reporting Periods)			
Cash Unrestricted Investments Total Cash	\$ 38,364 \$ 329,369 \$ 367,733			
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 792,215 \$ 55,098 \$ 737,117			
Dally Cash Expenses	\$ 2,019			
Days Cash on Hand Ratio	182_Days			
Covenant Requirement	100 Days			
_				

Mountain States He	ealth Alliance
Ву:	Ma Ham
Print Name:	Marvin Elchorn
Title:	Senior Vice President & CFO

[QUARTERLY/ANNUAL] COMPLIANCE CERTIFICATE

U.S. Bank National Association 1349 W. Peachtree St. NW, Ste. 1050 Atlanta, Georgia 30309 Attention: Vice President, National Healthcare Division 404.898.8898 (FAX)

U.S. Bank National Association
One U.S. Bank Plaza
7th Street & Washington Avenue, SL-MO-T12M
St. Louis, Missouri 63101
Attention: Capital Markets Division
(314) 418-3571 (FAX)

Ladies and Gentlemen:

Reference is hereby made to that certain Reimbursement Agreement dated as of June 29, 2012 (the "Reimbursement Agreement"), by and between Mountain States Health Alliance (together with any other Members of the Obligated Group, as defined in the Reimbursement Agreement, the "Corporation") and U.S. Bank National Association (the "Bank"), as the same may from time to time be amended, modified, extended, renewed or restated. All capitalized terms used and not otherwise defined herein shall have the respective meanings ascribed to them in the Reimbursement Agreement.

The Borrower hereby certifies to the Bank that as of the date hereof:

(a) a review of the activities of the Borrower has been made under my supervision with a
view to determining whether the Borrower has fulfilled all of its obligations under the Reimbursement
Agreement and the other Credit Documents;

Documents an	d all representation	ns made therein co	ntinue to be tru	ie and correct in a	Il material respects;
Exceptions: _					
		_			
Reimburseme		et forth below, no occurred and contin		ult under or with	in the meaning of t
	nt Agreement has	occurred and contin	nuing:		in the meaning of t
	nt Agreement has		nuing:		in the meaning of t

(d) the financial statements of the Borrower delivered to you with this Certificate are true, correct and complete in all material respects and have been prepared in accordance with accounting principles generally accepted in the United States of America or, in the case of any interim financial

statements, on a basis substantially consistent with the audited financial statements (subject, in the case of any interim financial statements, to normal year-end adjustments and absence of footnote disclosures);

(e) Schedule I to this Certificate contains computations evidencing the Borrower's compliance with the financial covenants set forth in Section 4.22 of the Reimbursement Agreement as of and for the period ending June 30 20 13, in each case calculated for the requested periods and in accordance with the requirements of the Reimbursement Agreement and the Master Indenture; and

(f) any other financial or other details, information and material as you have requested to evidence such compliance delivered herewith are true and correct.

Very truly yours,

MOUNTAIN STATES HEALTH ALLIANCE

By: Mar Salte
Name: Maryin Eichern

F-2

Compliance Certificate - Schedule I For the Period Ended 6/30/2013

Section 4.22 - Financial Covenants

(a) Debt Service Coverage	Traili	ng 12-Month
Excess Revenue Over Expenses	\$	68,859
Depreciation and amortization Interest Expense Unrealized losses (gains) Extraordinary expenses (LOC fees included in interest expense) (Interest on Trusteed Funds)	\$ \$ \$ \$	60,499 41,226 (19,278) - (5,412) (833)
Net Income Available for Debt Service	\$	145,061
Maximum Annual Debt Service on all Outstanding indebtedness	\$	69,360
Debt Service Coverage Calculated		2.09x
Debt Service Coverage Required		1.30x
(b) Liquidity Covenant (Required with June and December Reporting Periods)		
Unrestricted Cash and Investments	_\$	400,991
Operating Expenses Less:	\$	800,349
Depreciation and Amortization	\$	60, 499
Other excluded expenses Total Cash Expenses (TTM)	<u>\$</u> \$	739,850
Total Cash Expenses (TTM)	Ψ	739,030
Day of Cash Operating Expenses	\$	2,027
Days Cash on Hand Calculated		198_Day
Minimum Days Cash on Hand Required		100 Day

[QUARTERLY/ANNUAL] COMPLIANCE CERTIFICATE

U.S. Bank National Association 1349 W. Peachtree St. NW, Ste. 1050 Atlanta, Georgia 30309 Attention: Vice President, National Healthcare Division 404.898.8898 (FAX)

U.S. Bank National Association
One U.S. Bank Plaza
7th Street & Washington Avenue, SL-MO-T12M
St. Louis, Missouri 63101
Attention: Capital Markets Division
(314) 418-3571 (FAX)

Ladies and Gentlemen:

Reference is hereby made to that certain Reimbursement Agreement dated as of June 29, 2012 (the "Reimbursement Agreement"), by and between Mountain States Health Alliance (together with any other Members of the Obligated Group, as defined in the Reimbursement Agreement, the "Corporation") and U.S. Bank National Association (the "Bank"), as the same may from time to time be amended, modified, extended, renewed or restated. All capitalized terms used and not otherwise defined herein shall have the respective meanings ascribed to them in the Reimbursement Agreement.

The Borrower hereby certifies to the Bank that as of the date hereof:

·
(a) a review of the activities of the Borrower has been made under my supervision with a
view to determining whether the Borrower has fulfilled all of its obligations under the Reimbursement
Agreement and the other Credit Documents;

Documents as				Ifilled its obligation and correct in all ma	
Exceptions:		·····	······································		
Reimburseme	(c) except as set ant Agreement has o			t under or within th	ne meaning of the
Exceptions:	·····	-	 ,		
			**************************************	V	
			<u></u>		<u> </u>

(d) the financial statements of the Borrower delivered to you with this Certificate are true, correct and complete in all material respects and have been prepared in accordance with accounting principles generally accepted in the United States of America or, in the case of any interim financial

statements, on a basis substantially consistent with the audited financial statements (subject, in the case of any interim financial statements, to normal year-end adjustments and absence of footnote disclosures);

(e) Schedule I to this Certificate contains computations evidencing the Borrower's compliance with the financial covenants set forth in Section 4.22 of the Reimbursement Agreement as of and for the period ending June 30, 2014, in each case calculated for the requested periods and in accordance with the requirements of the Reimbursement Agreement and the Master Indenture; and

(f) any other financial or other details, information and material as you have requested to evidence such compliance delivered herewith are true and correct.

Name: Title:_

Very truly yours,

MOUNTAIN STATES HEALTH ALLIANCE

Compliance Certificate - Schedule I For the Period Ended 6/30/2014

Section 4.22 - Financial Covenants

(a) Debt Service Coverage	Trailii	ng 12-Month
Excess Revenue Over Expenses Plus:	_\$	43,636
Depreciation and amortization Interest Expense Unrealized losses (gains) Extraordinary expenses (LOC fees included in interest expense) (Interest on Trusteed Funds)	\$ \$ \$ \$	54,235 42,734 (28,296) 4,622 (2,537) (666)
Net Income Available for Debt Service	_\$	113,728
Maximum Annual Debt Service on all Outstanding indebtedness	_\$	67,257
Debt Service Coverage Calculated		1.69x
Debt Service Coverage Required		1.30x
(b) Liquidity Covenant (Required with June and December Reporting Periods) Unrestricted Cash and Investments	::::::::::::::::::::::::::::::::::::::	122 765
Onesticed Cash and investments	Ψ	422,765
Operating Expenses Less:	\$	825,612
Depreciation and Amortization Other excluded expenses Total Cash Expenses (TTM)	\$ \$	54,235 771,377
Day of Cash Operating Expenses	_\$	2,113
Days Cash on Hand Calculated		200_ Days
Minimum Days Cash on Hand Required		100 Days

[QUARTERLY/ANNUAL] COMPLIANCE CERTIFICATE

U.S. Bank National Association 1349 W. Peachtree St. NW, Ste. 1050 Atlanta, Georgia 30309 Attention: Vice President, National Healthcare Division 404.898.8898 (FAX)

U.S. Bank National Association
One U.S. Bank Plaza
7th Street & Washington Avenue, SL-MO-T12M
St. Louis, Missouri 63101
Attention: Capital Markets Division
(314) 418-3571 (FAX)

Ladies and Gentlemen:

Reference is hereby made to that certain Reimbursement Agreement dated as of June 29, 2012 (the "Reimbursement Agreement"), by and between Mountain States Health Alliance (together with any other Members of the Obligated Group, as defined in the Reimbursement Agreement, the "Corporation") and U.S. Bank National Association (the "Bank"), as the same may from time to time be amended, modified, extended, renewed or restated. All capitalized terms used and not otherwise defined herein shall have the respective meanings ascribed to them in the Reimbursement Agreement.

The Borrower hereby certifies to the Bank that as of the date hereof:

(a) a review of the activities of the Borrower has been made under my supervision with a
view to determining whether the Borrower has fulfilled all of its obligations under the Reimbursement
Agreement and the other Credit Documents;

Documents a	and all representations made therein continue to be true and correct in all material resp	ects;
Exceptions:		
Reimbursem	(c) except as set forth below, no Event of Default under or within the meaning tent Agreement has occurred and continuing:	g of the
Exceptions:		
		- 11
<u></u>		

(d) the financial statements of the Borrower delivered to you with this Certificate are true, correct and complete in all material respects and have been prepared in accordance with accounting principles generally accepted in the United States of America or, in the case of any interim financial

statements, on a basis substantially consistent with the audited financial statements (subject, in the case of any interim financial statements, to normal year-end adjustments and absence of footnote disclosures);

- (e) Schedule I to this Certificate contains computations evidencing the Borrower's compliance with the financial covenants set forth in Section 4.22 of the Reimbursement Agreement as of and for the period ending 30, 2015, in each case calculated for the requested periods and in accordance with the requirements of the Reimbursement Agreement and the Master Indenture; and
- (f) any other financial or other details, information and material as you have requested to evidence such compliance delivered herewith are true and correct.

Very truly yours,

MOUNTAIN STATES HEALTH ALLIANCE

Name:

F-2

Compliance Certificate - Schedule I For the Period Ended 06/30/2015

Section 4.22 - Financial Covenants

(a) Debt Service Coverage	Trailir	ng 12-Month	i
Excess Revenue Over Expenses Plus:	\$	30,423	
Depreciation and amortization Interest Expense Unrealized losses (gains) Extraordinary expenses (LOC fees included in interest expense) (Interest on Trusteed Funds)	\$ \$ \$ \$	52,796 41,598 3,348 (2,183) (321)	-
Net Income Available for Debt Service	\$	125,661	
Maximum Annual Debt Service on all Outstanding Indebtedness	\$	67,254	•
Debt Service Coverage Calculated		1.87x	
Debt Service Coverage Required		1.30x	
(b) Liquidity Covenant (Required with June and December Reporting Periods)			
Unrestricted Cash and Investments	\$	454,956	
Operating Expenses Less:	\$	829,866	
Depreciation and Amortization Other excluded expenses	\$ \$	52, 7 96	
Total Cash Expenses (TTM)	\$	777,070	
Day of Cash Operating Expenses	\$	2,129	
Days Cash on Hand Calculated		214	Days
Minimum Days Cash on Hand Required		100	Days

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between US Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	9/30/2010		
Debt Service Coverage		Trailing	g 12-Month
Excess Revenue Over Ex	cpenses	\$	42,447
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairmed + Extraordinary items 	nt Losses	\$ \$ \$ \$	47,707. 10,205 39,725
EBITDA		\$	142,532
Total Debt Service (I	MADS)	\$	77,187
Debt Service Coverage F	Ratio	-	1.85x
Covenant Requirement			1.30x
Days Cash on Hand (Required with June and L	ecember Reco		ariods)
Cash Unrestricted Investm Total Cash		\$ \$ \$	-
Total Operating Expe (Including Ir less: Non Cash Expe Total Cash Expenses (TTM)	iterest) enses	\$ \$ \$	4
Daily Cash Expenses		\$	\$#
Days Cash on Hand Ratio			N/A Days
Covenant Requirement		• • • • • • • • • • • • • • • • • • • •	100 Days

s Health Alliance
Willand Cl.
Mary Enter
Maryin Eichorn
Senior Vide President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between US Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	9/30/2011			
Debt Service Coverage	Trailing 12-Month	ı		
Excess Revenue Over Expenses	\$ 50,451			£
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary Items 	\$ 57,953 \$ 2,233 \$ 39,882 \$ -			
EBITDA	\$ 146,901			
Total Debt Service (MADS)	\$ 65,667			
Debt Service Coverage Ratio	2.24x			
Covenant Requirement	1.30x			
Days Cash on Hand (Required with June and December F Cash Unrestricted Investments	\$ -			
Total Cash Total Operating Expenses (Including Interest) less; Non Cash Expenses Total Cash Expenses (TTM)	\$ - \$ - \$ -			
Daily Cash Expenses	\$ -			
Days Cash on Hand Ratio	N/A	Days		
Covenant Requirement	100	Days		
To the best of the knowledge and be	lief of the signer hered	of, the undersign	ed does certify	that the foreg

Aountain States H	ealth Alliance
Ву:	WH Tille
Print Name:	Maryin Elchorn
Title:	Senior Vice President & CFO

IOUARTERLY/ANNUALI COMPLIANCE CERTIFICATE

U.S. Bank National Association 1349 W. Peachtree St. NW, Ste. 1050 Atlanta, Georgia 30309 Attention: Vice President, National Healthcare Division 404.898.8898 (FAX)

U.S. Bank National Association
One U.S. Bank Plaza
7th Street & Washington Avenue, SL-MO-T12M
St. Louis, Missouri 63101
Attention: Capital Markets Division
(314) 418-3571 (FAX)

Ladies and Gentlemen:

Reference is hereby made to that certain Reimbursement Agreement dated as of June 29, 2012 (the "Reimbursement Agreement"), by and between Mountain States Health Alliance (together with any other Members of the Obligated Group, as defined in the Reimbursement Agreement, the "Corporation") and U.S. Bank National Association (the "Bank"), as the same may from time to time be amended, modified, extended, renewed or restated. All capitalized terms used and not otherwise defined herein shall have the respective meanings ascribed to them in the Reimbursement Agreement.

The Borrower hereby certifies to the Bank that as of the date hereof:

(a) a review	of the activitie	s of the	Borrowe	r has bee	en made ui	nder my su	pervision with	a
view to determin	ing whether	the Borrower	has ful	filled all	of its o	bligations	under the	Reimburseme	nt
Agreement and the	e other Cred	lit Documents	;						

	4	,	r has fulfilled its obligati be true and correct in all	
Exceptions:			12-12-17-11-11-11-11-11-11-11-11-11-11-11-11-	
			•	•
(c) Reimbursement Agre			Default under or within	the meaning of the
Exceptions:				,
	<i>A</i>			

- (e) Schedule I to this Certificate contains computations evidencing the Borrower's compliance with the financial covenants set forth in Section 4.22 of the Reimbursement Agreement as of and for the period ending September 30, 2012, in each case calculated for the requested periods and in accordance with the requirements of the Reimbursement Agreement and the Master Indenture; and
- (f) any other financial or other details, information and material as you have requested to evidence such compliance delivered herewith are true and correct.

Very truly yours,

MOUNTAIN STATES HEALTH ALLIANCE

By:_

Name

Title:

Compliance Certificate - Schedule I For the Period Ended 9/30/2012

(a) Debt Service Coverage	Trailin	ig 12-Month	1
Excess Revenue Over Expenses Plus:	\$	50,630	-
Depreciation and amortization Interest Expense Unrealized losses (gains) Extraordinary expenses (LOC fees included in interest expense) (Interest on Trusteed Funds)	\$ \$ \$ \$ \$	58,819 40,934 (4,829) (2,553) (5,261) (580)	-
Net Income Available for Debt Service	\$	137,160	-
Maximum Annual Debt Service on all Outstanding Indebtedness	_\$	6 9 ,270	-
Debt Service Coverage Calculated		1.98x	
Debt Service Coverage Required		1.30x	_
(b) Liquidity Covenant (Required with June and December Reporting Periods)			
Unrestricted Cash and Investments	\$		-
Operating Expenses Less:	\$	-	
Depreciation and Amortization	\$	-	
Other excluded expenses Total Cash Expenses (TTM)	\$	-	-
Day of Cash Operating Expenses	\$	<u></u>	_
Days Cash on Hand Calculated		N/A	Days
Minimum Days Cash on Hand Required		100	Days

FOUARTERLY/ANNUALI COMPLIANCE CERTIFICATE

U.S. Bank National Association 1349 W. Peachtree St. NW, Stc. 1050 Atlanta, Georgia 30309 Attention: Vice President, National Healthcare Division 404.898.8898 (FAX)

U.S. Bank National Association
One U.S. Bank Plaza
7th Street & Washington Avenue, SL-MO-T12M
St. Louis, Missouri 63101
Attention: Capital Markets Division
(314) 418-3571 (FAX)

Ladies and Gentlemen:

Reference is hereby made to that certain Reimbursement Agreement dated as of June 29, 2012 (the "Reimbursement Agreement"), by and between Mountain States Health Alliance (together with any other Members of the Obligated Group, as defined in the Reimbursement Agreement, the "Corporation") and U.S. Bank National Association (the "Bank"), as the same may from time to time be amended, modified, extended, renewed or restated. All capitalized terms used and not otherwise defined herein shall have the respective meanings ascribed to them in the Reimbursement Agreement.

The Borrower hereby certifies to the Bank that as of the date hereof:

(a) a review of the activities of the Borrower has been made under my supervision with a view to determining whether the Borrower has fulfilled all of its obligations under the Reimbursement Agreement and the other Credit Documents;

(h) except as set forth below the Borrower has fulfilled its obligations under the Credit

	•	ierein continue to be tru	e and correct m ar	i materiai respects;
Exceptions:				
	•			
			•	
(4)	areaand as sai findle bri			
	except as set forth be reement has occurred a		uit under or with	in the meaning of the
	reement has occurred a		uit under or with	in the meaning of the
Reimbursement Agr	reement has occurred a		un under or with	in the meaning of the

- (e) Schedule I to this Certificate contains computations evidencing the Borrower's compliance with the financial covenants set forth in Section 4.22 of the Reimbursement Agreement as of and for the period ending September 32 20 3. in each case calculated for the requested periods and in accordance with the requirements of the Reimbursement Agreement and the Master Indenture; and
- (f) any other financial or other details, information and material as you have requested to evidence such compliance delivered herewith are true and correct.

Very truly yours,

MOUNTAIN STATES HEALTH ALLIANCE

By: Mund Gila

Name: Marvin Eich Title: Senior Vice Pass

Compliance Certificate - Schedule I For the Period Ended 9/30/2013

(a) Debt Service Coverage	Traili	ng 12-Month
Excess Revenue Over Expenses Plus:	\$	62,408
Depreciation and amortization	\$	62,003
Interest Expense	\$	41,609
Unrealized losses (gains)	\$ \$ \$ \$	(34,920)
Extraordinary expenses	\$	-
(LOC fees included in interest expense)	\$	(4,887)
(Interest on Trusteed Funds)	\$	(765)
Net Income Available for Debt Service	\$	125,448
Maximum Annual Debt Service on all Outstanding Indebtedness	\$	67,286
Debt Service Coverage Calculated		1.86x
Debt Service Coverage Required		1.30x
(b) Liquidity Covenant (Required with June and December Reporting Periods)		
Unrestricted Cash and Investments	\$	*
Operating Expenses Less:	\$	
Depreciation and Amortization	\$	-
Other excluded expenses	\$	- _
Total Cash Expenses (TTM)	\$	
Day of Cash Operating Expenses	\$	
Days Cash on Hand Calculated		N/A Days
Minimum Days Cash on Hand Required		100 Days

IQUARTERLY/ANNUALI COMPLIANCE CERTIFICATE

U.S. Bank National Association 1349 W. Peachtree St. NW, Ste. 1050 Atlanta, Georgia 30309 Attention: Vice President, National Healthcare Division 404.898.8898 (FAX)

U.S. Bank National Association
One U.S. Bank Plaza
7th Street & Washington Avenue, SL-MO-T12M
St. Louis, Missouri 63101
Attention: Capital Markets Division
(314) 418-3571 (FAX)

Ladies and Gentlemen:

Reference is hereby made to that certain Reimbursement Agreement dated as of June 29, 2012 (the "Reimbursement Agreement"), by and between Mountain States Health Alliance (together with any other Members of the Obligated Group, as defined in the Reimbursement Agreement, the "Corporation") and U.S. Bank National Association (the "Bank"), as the same may from time to time be amended, modified, extended, renewed or restated. All capitalized terms used and not otherwise defined herein shall have the respective meanings ascribed to them in the Reimbursement Agreement.

The Borrower hereby certifies to the Bank that as of the date hereof:

(a) a review of the activities of the Borrower has been made under my supervision with	ı a
view to determining whether the Borrower has fulfilled all of its obligations under the Reimburseme	nl
Agreement and the other Credit Documents;	

Exceptions:	 		
Reimbursem	 s set forth below, no E	vent of Default under or within thing:	ne meaning of the
Exceptions:	 ,		
Exceptions:			

- (e) <u>Schedule I</u> to this Certificate contains computations evidencing the Borrower's compliance with the financial covenants set forth in Section 4.22 of the Reimbursement Agreement as of and for the period ending <u>September 30</u>, 20 14. in each case calculated for the requested periods and in accordance with the requirements of the Reimbursement Agreement and the Master Indenture; and
- (f) any other financial or other details, information and material as you have requested to evidence such compliance delivered herewith are true and correct.

Very truly yours,

MOUNTAIN STATES HEALTH ALLIANCE

Title:__

Name:

Compliance Certificate - Schedule I For the Period Ended 9/30/2013

(a) Debt Service Coverage	Trailing	g 12-Month
Excess Revenue Over Expenses Plus:	\$	28,275
Depreciation and amortization Interest Expense Unrealized losses (gains) Extraordinary expenses (LOC fees included in interest expense) (Interest on Trusteed Funds)	\$ \$ \$ \$ \$	52,883 42,901 9,078 - (2,190) (614)
Net Income Available for Debt Service	\$	130,333
Maximum Annual Debt Service on all Outstanding Indebtedness	_\$	67,252
Debt Service Coverage Calculated		1.94x
Debt Service Coverage Required		1.30x
(b) Liquidity Covenant (Required with June and December Reporting Periods)		
Unrestricted Cash and Investments	\$	
Operating Expenses Less: Depreciation and Amortization	\$ \$	-
Other excluded expenses	\$	<u> </u>
Total Cash Expenses (TTM)	\$	-
Day of Cash Operating Expenses	_\$	-
Days Cash on Hand Calculated		N/A Days
Minimum Days Cash on Hand Required		100 Days

Mountain States Health Alliance Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between US Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	12 <u>/</u> (31/2010			
Debt Service Coverage		Trailin	g 12-Month		
Excess Revenue Oyer Ex	(penses	\$	_43,001		
+ Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairmen + Extraordinary items	nt Losses	\$ 5 5	51,625 7,538 42,968		
EBITDA		\$	140,875		·
Total Debt Service (f	MAĐŚ)	\$ '	69,886		
Debt Service Coverage Ratio			2.02x		
Covenant Régulrement			1.30x		
Days Cash on Hand (Required with June and E Cash Unrestricted Investm		orling P	167,099 183,585 350,684	·	
Total Cash Total Operating Expe (Including Ir less: Non Cash Expe	nterest) enses	\$	686,573 69,163		
Total Cash Expenses (TTM)		\$	627,410		
Dally Cash Expenses		\$	1,719		•
Days Cash on Hand Ratio			204	Days	
Covenant Requirement			100	Days	
To the best of the knowled	lge and belief	of the si	gner hereo	f, the undersign	ed does certify

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

Mountain States	
Ву;_	W/MM U. Entre
Print Name:	Marvln/Eichorn
Title:	Senior Vice President & CFO

Covenant Compliance Certificate

In accordance with the terms of the Letter of Credit and Security Agreement between US Bank and Mounatin States Health Alliance dated September 29, 2010, we hereby represent and warrant as follows:

Status as of:	12/31/2011
Debt Service Coverage	Trailing 12-Month
Excess Revenue Over Expenses	\$ 39,641
 + Depreciation + Amortization + Interest Expense + Taxes + Non-Cash Impairment Losses + Extraordinary items 	\$ 57,427 \$ 2,268 \$ 39,479 \$ -
EBITDA	\$ 146,118
Total Debt Service (MADS)	\$ 65,751
Debt Service Coverage Ratio	2.22x
Covenant Requirement	1,30x
Days Cash on Hand (Required with June and December, I	Réporting Periods)
Cash Unrestricted Investments Total Cash	\$ 57,213 \$ 320,881 \$ 378,094
Total Operating Expenses (Including Interest) less: Non Cash Expenses Total Cash Expenses (TTM)	\$ 747,286 \$ 59,695 \$ 687,691
Dally Cash Expenses	\$- 1,884
Days Cash on Hand Ratio	201 Days
Covenant Requirement	100 Days

To the best of the knowledge and belief of the signer hereof, the undersigned does certify that the foregoing certificate is true and correct as of this date, and that the Borrower is in compliance with all terms and conditions of the Letter of Credit and Security Agreement dated effective September 29, 2010.

Aountain States He	ealth Alliance
	Man A Este
Ву:	IM IT WW
Print Name:	Marvin Elchorn
Title:	Senior Vice President & CFO

IQUARTERLY/ANNUALI COMPLIANCE CERTIFICATE

U.S. Bank National Association 1349 W. Peachtree St. NW, Ste. 1050 Atlanta, Georgia 30309 Attention: Vice President, National Healthcare Division 404.898.8898 (FAX)

U.S. Bank National Association
One U.S. Bank Plaza
7th Street & Washington Avenue, SL-MO-T12M
St. Louis, Missouri 63101
Attention: Capital Markets Division
(314) 418-3571 (FAX)

Ladies and Gentlemen:

Reference is hereby made to that certain Reimbursement Agreement dated as of June 29, 2012 (the "Reimbursement Agreement"), by and between Mountain States Health Alliance (together with any other Members of the Obligated Group, as defined in the Reimbursement Agreement, the "Corporation") and U.S. Bank National Association (the "Bank"), as the same may from time to time be amended, modified, extended, renewed or restated. All capitalized terms used and not otherwise defined herein shall have the respective meanings ascribed to them in the Reimbursement Agreement.

The Borrower hereby certifies to the Bank that as of the date hereof:

(a) a review of the activities of the Borrower has been made under my supervision with a view to determining whether the Borrower has fulfilled all of its obligations under the Reimbursement Agreement and the other Credit Documents;

(b) except as set forth below, the Borrower has fulfilled its obligations under the Credit

Documents ar	` '			e and correct in all ma	
Exceptions:					
Reimburseme		et forth below, no I		ult under or within th	ne meaning of the
Exceptions: _					
	<u> </u>				

- (e) <u>Schedule I</u> to this Certificate contains computations evidencing the Borrower's compliance with the financial covenants set forth in Section 4.22 of the Reimbursement Agreement as of and for the period ending <u>December 31</u>, 20<u>12</u>, in each case calculated for the requested periods and in accordance with the requirements of the Reimbursement Agreement and the Master Indenture; and
- (f) any other financial or other details, information and material as you have requested to evidence such compliance delivered herewith are true and correct.

Very truly yours,

MOUNTAIN STATES HEALTH ALLIANCE

By:
Name: Manin Licharn
Title: Senior UP & CFP

Compliance Certificate - Schedule I For the Period Ended 12/31/2012

(a) Debt Service Coverage	Traili	ng 12-Month	ì	
Excess Revenue Over Expenses Plus:	\$	64,402	_	
Depreciation and amortization Interest Expense Unrealized losses (gains) Extraordinary expenses (LOC fees included in interest expense) (Interest on Trusteed Funds) Net Income Available for Debt Service	\$ \$ \$ \$ \$ \$ \$ \$	57,836 40,618 (9,675) (5,301) (587)	-	
Maximum Annual Debt Service on all Outstanding Indebtedness	\$	69,404		
Debt Service Coverage Calculated		2.12 <u>x</u>	_	
Debt Service Coverage Required		1.30 <u>×</u>	<u>.</u>	
(b) Liquidity Covenant (Required with June and December Reporting Periods)				
Unrestricted Cash and Investments	\$	383,797	-	
Operating Expenses Less:		794,117		
Depreciation and Amortization Other excluded expenses	\$ \$	57,836 <u>-</u>	_	
Total Cash Expenses (TTM)	\$	736,281		
Day of Cash Operating Expenses		2,017	-	
Days Cash on Hand Calculated		190	Days	
Minimum Days Cash on Hand Required		100	Days	

[QUARTERLY/ANNUAL] COMPLIANCE CERTIFICATE

U.S. Bank National Association 1349 W. Peachtree St. NW, Ste. 1050 Atlanta, Georgia 30309 Attention: Vice President, National Healthcare Division 404.898.8898 (FAX)

U.S. Bank National Association
One U.S. Bank Plaza
7th Street & Washington Avenue, SL-MO-T12M
St. Louis, Missouri 63101
Attention: Capital Markets Division
(314) 418-3571 (PAX)

Ladies and Gentlemen:

Reference is hereby made to that certain Reimbursement Agreement dated as of June 29, 2012 (the "Reimbursement Agreement"), by and between Mountain States Health Alliance (together with any other Members of the Obligated Group, as defined in the Reimbursement Agreement, the "Corporation") and U.S. Bank National Association (the "Bank"), as the same may from time to time be amended, modified, extended, renewed or restated. All capitalized terms used and not otherwise defined herein shall have the respective meanings ascribed to them in the Reimbursement Agreement.

The Borrower hereby certifies to the Bank that as of the date hereof:

(a) a review of the activities of the B	orrower has been made under my supervision with a
view to determining whether the Borrower has fulfil	led all of its obligations under the Reimbursement
Agreement and the other Credit Documents;	

	except as set forth below, the Borrower has in presentations made therein continue to be true	
Exceptions:		
	except as set forth below, no Event of Defa	ult under or within the meaning of the
Exceptions:		
	4	
<u>'</u>		<u> </u>

- (e) Schedule I to this Certificate contains computations evidencing the Borrower's compliance with the financial covenants set forth in Section 4.22 of the Reimbursement Agreement as of and for the period ending December 31, 2013, in each case calculated for the requested periods and in accordance with the requirements of the Reimbursement Agreement and the Master Indenture; and
- (f) any other financial or other details, information and material as you have requested to evidence such compliance delivered herewith are true and correct.

Very truly yours,

MOUNTAIN STATES HEALTH ALLIANCE

Alfundt Intra

By: Name: Marvin Eichorn Title: Senior Vice Presidents CFO

Compliance Certificate - Schedule I For the Period Ended 12/31/2013

(a) Debt Service Coverage	Traili	ng 12-Month		
Excess Revenue Over Expenses Plus:	\$	54,489		
Depreciation and amortization Interest Expense Unrealized losses (gains) Extraordinary expenses (LOC fees included in interest expense) (Interest on Trusteed Funds)	\$ \$ \$ \$	62,711 41,619 (40,999) 4,622 (4,285) (902)		
Net Income Available for Debt Service	\$	117,255		
Maximum Annual Debt Service on all Outstanding Indebtedness	\$	67,281		
Debt Service Coverage Calculated		1.74x		
Debt Service Coverage Required		1.30x		
(b) Liquidity Covenant (Required with June and December Reporting Periods)				
Unrestricted Cash and Investments	\$	397,095		
Operating Expenses Less:		821,779		
Depreciation and Amortization Other excluded expenses	\$ \$	62,711 -		
Total Cash Expenses (TTM)	\$	759,068		
Day of Cash Operating Expenses	\$	2,080		
Days Cash on Hand Calculated		<u>191</u> Days		
Minimum Days Cash on Hand Required		100 Days		

[QUARTERLY/ANNUAL] COMPLIANCE CERTIFICATE

U.S. Bank National Association 1349 W. Peachtree St. NW, Ste. 1050 Atlanta, Georgia 30309 Attention: Vice President, National Healthcare Division 404.898.8898 (FAX)

U.S. Bank National Association
One U.S. Bank Plaza
7th Street & Washington Avenue, SL-MO-T12M
St. Louis, Missouri 63101
Attention: Capital Markets Division
(314) 418-3571 (FAX)

Ladies and Gentlemen:

Reference is hereby made to that certain Reimbursement Agreement dated as of June 29, 2012 (the "Reimbursement Agreement"), by and between Mountain States Health Alliance (together with any other Members of the Obligated Group, as defined in the Reimbursement Agreement, the "Corporation") and U.S. Bank National Association (the "Bank"), as the same may from time to time be amended, modified, extended, renewed or restated. All capitalized terms used and not otherwise defined herein shall have the respective meanings ascribed to them in the Reimbursement Agreement.

The Borrower hereby certifies to the Bank that as of the date hereof:

(a) a review of the activities	of the Borrow	er has been made u	ınder my sup	ervision with a
view to determining whether the Borrower I	has fulfilled al	ll of its obligations	under the l	Reimbursement
Agreement and the other Credit Documents;		•		

(b) except as set forth below, the Borrower has fulfilled its obligations under the Cred Documents and all representations made therein continue to be true and correct in all material respects;				
Exceptions:				
Reimburseme	(c) except as set forth below, no Event of Default under or within the meaning of the ent Agreement has occurred and continuing:			
Exceptions:				

- (e) Schedule I to this Certificate contains computations evidencing the Borrower's compliance with the financial covenants set forth in Section 4.22 of the Reimbursement Agreement as of and for the period ending December 31, 20 14, in each case calculated for the requested periods and in accordance with the requirements of the Reimbursement Agreement and the Master Indenture; and
- (f) any other financial or other details, information and material as you have requested to evidence such compliance delivered herewith are true and correct.

Very truly yours,

MOUNTAIN STATES HEALTH ALLIANCE

By:___

Title:

F-2

Compliance Certificate - Schedule I For the Period Ended 12/31/2014

(a) Debt Service Coverage	Trailing 12-Month		
Excess Revenue Over Expenses Plus:	_\$	28,210	
Depreciation and amortization	\$	51,524	
Interest Expense	\$	42,765	
Unrealized losses (gains)	\$	22,696	
Extraordinary expenses	\$		
(LOC fees included in interest expense)	\$	(2,245)	
(Interest on Trusteed Funds)	\$	(451)_	
Net Income Available for Debt Service	\$	142,499	
Maximum Annual Debt Service on all Outstanding Indebtedness	\$	67,240	
Debt Service Coverage Calculated		2.12x	
Debt Service Coverage Required		1.30x	
(b) Liquidity Covenant (Required with June and December Reporting Periods)			
Unrestricted Cash and Investments	\$	426,396	
Operating Expenses Less:		820,364	
Depreciation and Amortization	\$	51,524	
Other excluded expenses	\$	· -	
Total Cash Expenses (TTM)	\$	768,840	
Day of Cash Operating Expenses	\$	2,106	
Days Cash on Hand Calculated			ys
Minimum Days Cash on Hand Required		100_Day	ys